

**“A STUDY TO ASSESS THE EFFECTIVENESS OF BIBLIOTHERAPY ON
STRESS AMONG HOSPITALIZED CHILDREN FROM 6 – 12 YEARS IN
ORTHOPAEDICS DEPARTMENT AT INSTITUTE OF CHILD HEALTH
EGMORE, CHENNAI – 8”**

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CERTIFICATE

This is to certify that this dissertation titled **“A STUDY TO ASSESS THE EFFECTIVENESS OF BIBLIOTHERAPY ON STRESS AMONG HOSPITALIZED CHILDREN FROM 6-12 YEARS IN ORTHOPEDICS DEPARTMENT, AT INSTITUTE OF CHILD HEALTH, EGMORE, CHENNAI -8”** is a bonafide work done by Ms.L.Indra, College of Nursing, Madras Medical College, Chennai – 600003 submitted to **THE TAMILNADU DR.M.G.R. MEDICAL UNIVERSITY, CHENNAI** in Partial fulfillment of the requirements for the award of Degree of Master of Science in Nursing, Branch II, **CHILD HEALTH NURSING**, under our guidance and supervision during the academic period from 2013-2014.

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LIST OF ABBREVIATIONS

| | | |
|----------|---|---------------------|
| Fig | : | Figure |
| No | : | Number |
| H1 H2 | : | Research Hypothesis |
| χ^2 | : | Chi-Square |

ABSTRACT

Title: A Study To Assess The Effectiveness Of Bibliotherapy On Stress Among Hospitalized Children From 6–12 Years In Orthopaedics Department At Institute Of Child Health Egmore, Chennai – 8

A pre experimental design one group pre assessment post assessment design was used to evaluate the effectiveness of bibliotherapy for reducing stress among hospitalized children in orthopedics department. Convenient sampling was done to select the children in orthopedics department. 60 Samples for the study were selected by using convenient sampling technique. Conceptual framework used for the study was dorothy E.Johnson's bahavioural system theory (1980) therapy. Perceived stress scale was used to assess the stress level among children. Bibliotherapy was given as intervention. After the intervention Post assessment level of stress was found using same scale The result showed that the stress level was found to be reduced from 63.2% to 36.0% this shows that Bibliotherapy was effective in reducing stress among hospitalized children in orthopedics department.

ABSTRACT

A study to assess the effectiveness of bibliotherapy on stress among hospitalized children from 6 – 12 years in Orthopaedics Department at Institute of Child Healthy Egmore, Chennai – 8.

Introduction :

Bibliotherapy refers to the use of books are different aspect (appearance, competency, intelligence personality, success unconditional worth self forgiveness), self love, acceptance of weakness freedom from guilt. Associate yourself with people have good quality if you esteem your reputation, for it is better to be alone than be in bad company.

George Washington

Objectives :

- To assess the pre test level of stress
- To assess the post test level of stress
- Comparison of pre test and post test level of stress.
- To assess the effectiveness of bibliotherapy in stress among hospitalized children.
- To find association between reduced stress levels with selected socio demographic variables.

Methodology :

The conceptual framework adopted for the study was based on Dorthy E. Johnson's Behavioural System model.

According to the statement of problem and objective to be achieved as pre experimental (pretest and post test design was adopted for 60 children under going stress because of hospitalization around 6 -12 years of age in

Orthopaedic Department at Institute of Child Health, Egmore, Chennai. Pre experimental design is used Data were collected by using perceived stress scale to assess the level of the stress and bibliotherapy is given as the intervention after obtaining the consent from participants.

Collected data were analysed using Chi Square test stress core were given in mean and standard deviation quantitative stress were in pre test and post were compared using student's paired t – test.

Findings: Findings of the study revealed that majority of the children with moderate of the children with moderate stress during the pretest 63.20% after intervention post test reveals 36.00% bibliotherapy reduced 27.3% of the stress in children.

Difference between pre test and post test core was analysed using proportion with 95% CI and mean difference 95% CI.

Conclusion :

The study revealed that the hospitalization stress was reduced by bibliotherapy among the children in moderate level hence the nurses should be trained in providing bibliotherapy to the hospitalized children and reduce the stress level and provide comfort to the sick children.

CHAPTER-I INTRODUCTION

*"Each Moment of worry, anxiety or stress represents
lack of faith in miracles, for they never cease"*

- T.F.Hodge

"Faith in the bird that feels the light and sings when the dawn is still dark"

- Rabindranath Tagore

INTRODUCTION

Bibliotherapy is widely used to treat mental illnesses and to promote healthy psychological development in both adults and children, but there is a good deal of debate about its efficacy. It's generally acknowledged to be beneficial, but researchers are still studying how bibliotherapy works, how much it works, what books are good candidates for therapeutic use. In addition, there are philosophical and ethical discussions about who is qualified to prescribe therapeutic books. Despite these questions, many people continue to prescribe books and put their faith in the healing powers of books.

People were aware about the power of stories, both spoken and written, at least as far back when people began to make written records. People "have used verbal and written materials to guide and teach others how to live and behave socially, ethically, and spiritually and to foster emotional wellness," and the "spoken word, (e.g. parables, myths, fables and legends) and the written word have been used and are believed to be two of the most influential tools to heal and change the human condition," (Jack & Ronan, p. 161, 2008). Many articles quoted an inscription over the door of the ancient library at Thebes, "Healing place of the soul," (Pehrsson & McMillen, 2004), (Detrixhe, 2010). There are also reports of a hospital in Cairo in 1272 providing copies of the Quran as part of patients' treatment, and this method of reading books during hospital stays continued through the Middle Ages (Jack & Ronan, 2008).

NEED FOR STUDY

Scientific evidence indicates that imaginative literature has the potential to bring about change within an individual because it is more likely to produce an emotional experience-an essential element for effective therapy. The effects of bibliotherapy may occur on intellectual, psychosocial, interpersonal, emotional, and behavioral levels. A positive outcome can be achieved with didactic texts as well as imaginative literature.

Bibliotherapy is made possible by the process of recognition, which occurs when the patient-reader experiences a sense of familiarity or self-recognition while reading. The experience of self-discovery prompted by bibliotherapy may or may not be dramatic. The patient-reader remains in control of the degree of identification he or she experiences. Personal insight into problems can occur at any pace. Because use of this treatment modality in the outpatient family practice setting has been established, family physicians should consider suggesting bibliotherapy as adjunctive treatment for their patients with more common complaints.

Short stories, drama, and prose excerpts have been used successfully to address topics such as adolescence, alcoholism, anger management, compassion, courtship, family, fear, self-identity, justice, life and death, loneliness, love, marriage, parent-child relationships, revenge, self-image, and sexuality. Children use stories, tales, and fables as a means of finding parallels to their problems and needs even before they can read.

The internal dynamics that occur during a successful treatment with bibliotherapy can be divided into two types. In this process, a positive outcome is sparked by the mechanisms of change. Alternatively, stasis or a negative outcome is a result of the patient-

reader's defense mechanisms being aroused by this treatment modality. In bibliotherapy, the mechanisms of change expand the patient-reader's awareness, unmask and offer insight into latent personal issues, and suggest solutions that have helped others cope with feelings and situations similar to their own-including separation or loss caused by human interactions.

Allegorical stories can be used to help children cope with the worries and fears precipitated by illness, medical procedures, and hospitalizations. They supplement explicit discussions of illness and preparation for procedures and hospitalization. Stories with appropriate symbolic themes are readily available in children's literature. Individuals without special training in counseling or emotional support of children can quickly learn to use these stories effectively. Parents can be especially effective readers because this role reinforces their natural supportive relationship with their child and facilitates open discussion of emotional issues within the family.

The investigator's personal experience with patients undergoing bibliotherapy data stated above. Investigator witnessed that stress a common unresolved problem and the nursing professionals can contribute to resolve the problem by the non-pharmacological nursing intervention like bibliotherapy methods, thus the researcher felt the need to explore this area.

STATEMENT OF THE PROBLEM

A study to assess the effectiveness of bibliotherapy on stress among hospitalized children from 6 – 12 years in Orthopaedics Department at Institute of Child Health Egmore, Chennai – 8.

OBJECTIVES

- ❖ To assess the pre test level of stress
- ❖ To assess the post test level of stress
- ❖ Comparison of pre test and post test level of stress.
- ❖ To assess the effectiveness of bibliotherapy in stress among hospitalized children.
- ❖ To find association between reduced stress levels with selected socio demographic variables.

OPERATIONAL DEFINITION

Assess : it is the way of measuring the level of stress among children in orthopedic department.

Effectiveness : it refers to the reduction of stress among the hospitalized children.

Bibliotherapy : a process of dynamic distraction between the personality of the reader and literature. It may display efficacy on intellectual, psychosocial, interpersonal, emotional and behavioural levels.

Stress : a person's response to a stressor such as environmental condition or a stimulus. It is a body's way to react to challenge.

Hospitalized children : children who are put in or admitted into hospital for the purpose of seeking medical attention.

Orthopedic department: department which has patients who had undergone orthopedic surgery.

ASSUMPTION

The study assumes that children who have been hospitalized will have stress of hospitalization.

HYPOTHESIS

- H1 : There will be significant difference in stress level of pretest and post test values.
- H2 : There will be a significant association between the level of stress and demographic variables among the children with stress.

CHAPTER- II

REVIEW OF LITERATURE

Review of literature is an important step in the development of a research project. It involves the systematic identification location, scrutiny and summary of written materials that contain information on research problem.

“The literature is reviewed to summarize knowledge for use in practice or to provide a basis for conducting study” (Nancy Burns 2002)

2.1 REVIEW OF RELATEDF STUDIES

The literature reviewed for the present study had been presented under the following heading.

2.1. Studies Related to Stress in Children

2.2. Studies Related to Bibliotherapy

2.3. Studies Related to Effectiveness of Bibliotherapy in Management of Stress in Children

2:1 STUDIES RELATED TO STRESS IN CHILDREN

Duzinski SV, Lawson KA.(2012) reported that Posttraumatic stress (PTS) disorder after injury is a significant yet under addressed issue in the trauma care setting. Parental anxiety may impact a child's risk of future, persistent PTS symptoms after injury. Out of the 116 participants assesed via the STEPP, 32 (28%) screened positive for risk of future, persistent PTS symptoms. Motor vehicle collision and parental presence at injury were associated with a positive STEPP screen. The effect of parental presence on positive STEPP screen was modified by parental trait anxiety. The study concluded that children of anxious parents present at injury were over 14 times as likely to screen positive for risk of future, persistent PTS, as those without a parent present.

Brenner, (2011) As children grow, the sources of self-esteem become more integrated. School-age children's self-esteem is still developing and is vulnerable, especially in stressful situations. Negative and positive consequences can occur when children find ways to cope with stress. The specific techniques children use always seem to them to be a good solution to their problems, no matter how foolish, illogical or self-destructive these actions may seem to adults.

Farah Adnan M., Hammouri Firas A.(2007), investigated the effect of bibliotherapy upon reducing test anxiety among Jordanian college students. Fifty five (55) Participants were randomly assigned either to experimental or controlled group. Analysis of Covariance was used to test differences between groups at the post and follow-up test, statistical analysis revealed a significant difference between the two groups on the post test scores. The results of this study indicated that the bibliotherapy program did significantly help the experimental group to lower their test anxiety. The findings also suggest that test anxiety can be effected by various means of counseling and psychotherapy.

Elkind,. D. (2007) reported that children today encounter many stressful life events at earlier ages. Stress shows itself in children by complaints about stomachaches, being nervous, trouble sleeping, anger flares, and infections.

2:2 STUDIES RELATED TO BIBLIOTHERAPY

Blechingner T, Klosinski G.(2011) suggested that Bibliotherapy and expressive writing are goods for the application of creative and playful therapies. The effectiveness of both, for different types of disorders, has been proved in many studies. The results of a survey conducted in 122 child and adolescence psychiatric clinics in Germany, Austria and Switzerland to gain more information about their use revealed that more than half of the surveyed children and adolescent

psychiatrists are using at least one of the two therapies. They are used on an irregular and non-systematic basis and rather symptom- than diagnosis-orientated. Bibliotherapy and expressive writing are dynamic therapies which can be used in manifold ways.

Duncan MK.(2010) examined the Parenting the Strong-Willed Child (PSWC) book as a self-directed program for parents of 3- to 6-year-olds. Fifty-two parents were randomly assigned to PSWC or a comparison book, Touchpoints: Three to Six. Assessments occurred at baseline, postintervention (6 weeks after baseline), and 2-month follow-up. The findings indicated both books, but particularly PSWC, were associated with lower levels of child problem behavior after intervention. PSWC was associated with greater decreases in child problem behaviors on certain measures when amount of reading completed was taken into account.

Chan JM, O'Reilly MF.(2010) investigated on a Social Stories intervention package was used to teach 2 students with autism to read Social Stories, answer comprehension questions, and engage in role plays. Appropriate social behaviors increased and inappropriate behaviors decreased for both participants, and the effects were maintained for up to 10 months. This intervention package appears to be useful in inclusive classroom environments and does not require intensive supervision of the child's behavior.

Raingruber B.(2010) described the use of poetry in managing intense feelings, discuss the relevant literature, articulate how students and clients responded to the use of poetry, and address the limitations of such an approach. The study concluded that Writing and reading poetry helps clinicians, students, and clients give voice to situations that touch their hearts. Poetry and literature should be used more extensively in clinical and educational settings.

Hahlweg K, Heinrichs N, et al (2009) studied the efficacy of bibliotherapy has primarily been investigated in anxiety disorders, depression, or substance dependence. The efficacy of self-help books to increase parenting competence was only investigated in a few studies despite their broad dissemination in public. A follow-up assessment was conducted six months after post. Compared to waitlist controls, self-administered parent training mothers reported significant short- and long-term reductions in child behavior problems as well as in dysfunctional parenting practices. Fathers reported only marginal changes. The study adds further empirical support of parenting self-help materials.

Pardeck, (2008) suggested that Bibliotherapy can be used as an effective tool for helping children cope with these stressors

Pardeck and Pardeck (2007) reported that bibliotherapeutic approach can be beneficial when working with children for the following reasons. First, through books, a child can see how others confronted and solved problems similar to the child's. Two, a child can see how others have encountered anxieties and frustrations, hopes, and disappointments, and then apply this insight to real-life situations. Three, a child can see how others have solved problems, and with the support of the helping person, gain insight into alternative solutions

Brown (2007) reported that throughout the years many have continued to investigate the influence and potential of specific books for the treatment of a various mental health issues. The basic idea of bibliotherapy can be traced back as far as the Greek and Roman time periods Early Greeks realized the healing value of bibliotherapy in their writings as a form of healing. Romans associated medicine and reading

Brown (2006) supported that today's belief on the importance of fitting the book to the needs of the individual, and he published his views in annual reports. He stressed the importance of hospitals having libraries as "a kind of intellectual pharmacy stocked with remedies for every kind of disorder."

Gregory KE, Vessey JA.(2004) used bibliotherapy to address childhood teasing and bullying, an innovative approach school nurses should consider as they work to promote a healthy school environment. Children's books serve as a unique conduit of exchange between parents, teachers, and children. Bibliotherapy, using books to help people solve problems, involves three stages: identification, catharsis, and insight. After exposure to a fictional story about teasing and bullying, children have shared their own nonfictional account of this often devastating experience and have come to develop successful coping strategies for dealing with the teasing and bullying that takes place in schools nationwide.

Felder-Puig R, Maksys A et al.(2003) evaluated the effects of surgery preparation using a children's book on pre- and postoperative anxiety and distress in 2-10 years old children undergoing tonsillectomy and/or adenoidectomy and their mothers. Parents of the experimental group were given the preparation book during the preoperative visit at the hospital, whilst control subjects did not receive the book. Data collection was conducted on the evening prior to surgery (T1), and the evening post surgery (T2). The results concluded that mothers who received the book exhibited less self-reported state anxiety prior to the operation compared to mothers who did not. The results demonstrated that preparation book can provide educational and anxiety-reducing benefits. Given the relatively low production costs and its easy administration, it can be recommended as a popular, practical and cost efficient tool to prepare children and parents for surgery and hospitalization.

Christensen H, Griffiths KM, et al (2007) reported that Cognitive behavior therapy is an effective treatment and prevention for depression when delivered face-to-face, via self-help books (bibliotherapy), and through computer administration. Over the first almost-6-month period of operation, the server recorded 817284 hits and 17646 separate sessions.

Approximately 20% of sessions lasted more than 16 minutes. The results concluded that Web sites are a practical and promising means of delivering cognitive behavioral interventions for preventing depression and anxiety to the general public. However, randomized controlled trials are required to establish the effectiveness of these interventions.

Tolin DF. (2002) reported that Cognitive-behavioral therapy (CBT) is an effective treatment for childhood obsessive-compulsive disorder (OCD). This case report describes a 5-year-old boy with severe OCD. Treatment consisted of parent- and teacher-directed extinction of compulsive reassurance-seeking, and bibliotherapy with an age-appropriate book on OCD. Compulsive behavior decreased rapidly and remained at a low level through the remainder of treatment. At posttreatment and at 1- and 3-month follow-up assessments, the patient's OCD symptoms were markedly improved. This report suggests that very young children may respond well to brief CBT.

Koppenhaver DA, Erickson KA,et al(2001) reported that Storybook reading provides a natural language learning context in which to support early symbolic communication. The study explored the impact of (1) resting hand splints, (2) light tech augmentative communication systems such as voice-output devices and symbols, and (3) very basic parent training on the symbolic communication and labelling behaviours of six girls with Rett syndrome. Group and individual data collected from the six girls indicated that they became more active and successful participants in the interactions during storybook reading.

2.3. STUDIES RELATED TO EFFECTIVENESS OF BIBLIOTHERAPY IN MANAGEMENT OF STRESS IN CHILDREN

Leonard MA, Lorch EP, Milich R, Hagans N.(2009) reported that Children with AD/HD exhibit two disparate areas of difficulty:

disrupted interactions with parents and significant problems in story comprehension. This study links these two difficulties by examining parent-child joint picture-book reading to determine whether there were diagnostic group differences in parent and child storytelling. Results revealed that parents in both groups told stories of similar length and complexity and demonstrated similar affective and responsive quality. The length of the child's retell of the parent's story did not differ across groups but children with ADHD included fewer goal-based events.

Gladding and Gladding,(2009). On a cognitive level, children with appropriate guidance from an adult, with the use of bibliotherapy, may learn selective strategies for approaching potential problems and prevent or reduce unwanted stress.

Krickeberg, (2009) reported that on a behavioral level, children can relate to the characters and see how they handle difficult situations. This approach deals with proper and appropriate ways of relating to self and others. It can be used with children who have emotional problems; children who need help dealing with adjustments of a less nature and with all children in a developmental manner

Anderson (2008) conducted a study on child crisis and developmental guidance, found that students and teachers positively benefited from bibliotherapy. Children learned that a) they are not alone in their feelings, b) they initially tended to blame themselves, c) that one lived through a crisis and that the painful feelings changed, and d) it helped to talk to someone about what they went through. Teachers noticed that a) they quickly learned a lot about some of the emotional issues facing their students, b) students were attentive to each other and that their classroom climate improved and, c) students seemed to grasp a better understanding of themselves and how to handle crisis situations.

Kaplan (2007) supports an interactive cycle of life's stressful and successful experiences through anxiety, solving a difficult problem, struggle and perseverance through the challenge of the problem, accepting mistakes and disappointments, working hard and demonstrating mastery. When a child can say, "I can do something today that I could not do yesterday," self-esteem will flourish. Bibliotherapy shows children how to solve problems effectively.

CONCEPTUAL FRAME WORK

A conceptual frame work broadly presents an understanding the assumptions and philosophic views of model's conceptual models can serve as psring boards for generating research hypothesis.

Johnson's behavioural systems model views the patient as a behavioural system consisting of interdependent subsystem these subsystems these subsystems where affected by stress due to illness many other trauma may be physical or psychologically as a behavioural system should be physical and psychologically become unstable and the individual as a behavioural system should maintain are optimal organization and integration of subsystem.

The investigator adopted the Johnson's behavioural system model as a basis of the conceptual framework for the current study which aims to assess the level of stress and bibliotherapy among 6-12 children in orthopaedic department.

Dorothy E. Johnson prepared key model to foster the efficient and effective behavioural functioning to prevent illness and stress with regard to person she explained subsystem that require some regularities and adjustment to maintain the balance.

System it provide sense of security and survival children have the feeling of insecurity negative self esteem, helpness social isolation etc., which affect the sense of security and survival.

Depending subsystem it promotes behavior that calls for a nurturing response of negativism depression etc increase the need for dependency.

Ingestive subsystem the children are having problems for immobility so the digestion and food intake is reduced and children because of discomfort refuse the food intake. Eg. Which affects the ingestive system.

ELIMINATIVE SYSTEM

Elimination system of the children because of trauma and fracture causes immobility which affects the eliminating system by constipation, burning micturation, oliguria etc., which disturb the eliminating subsystem.

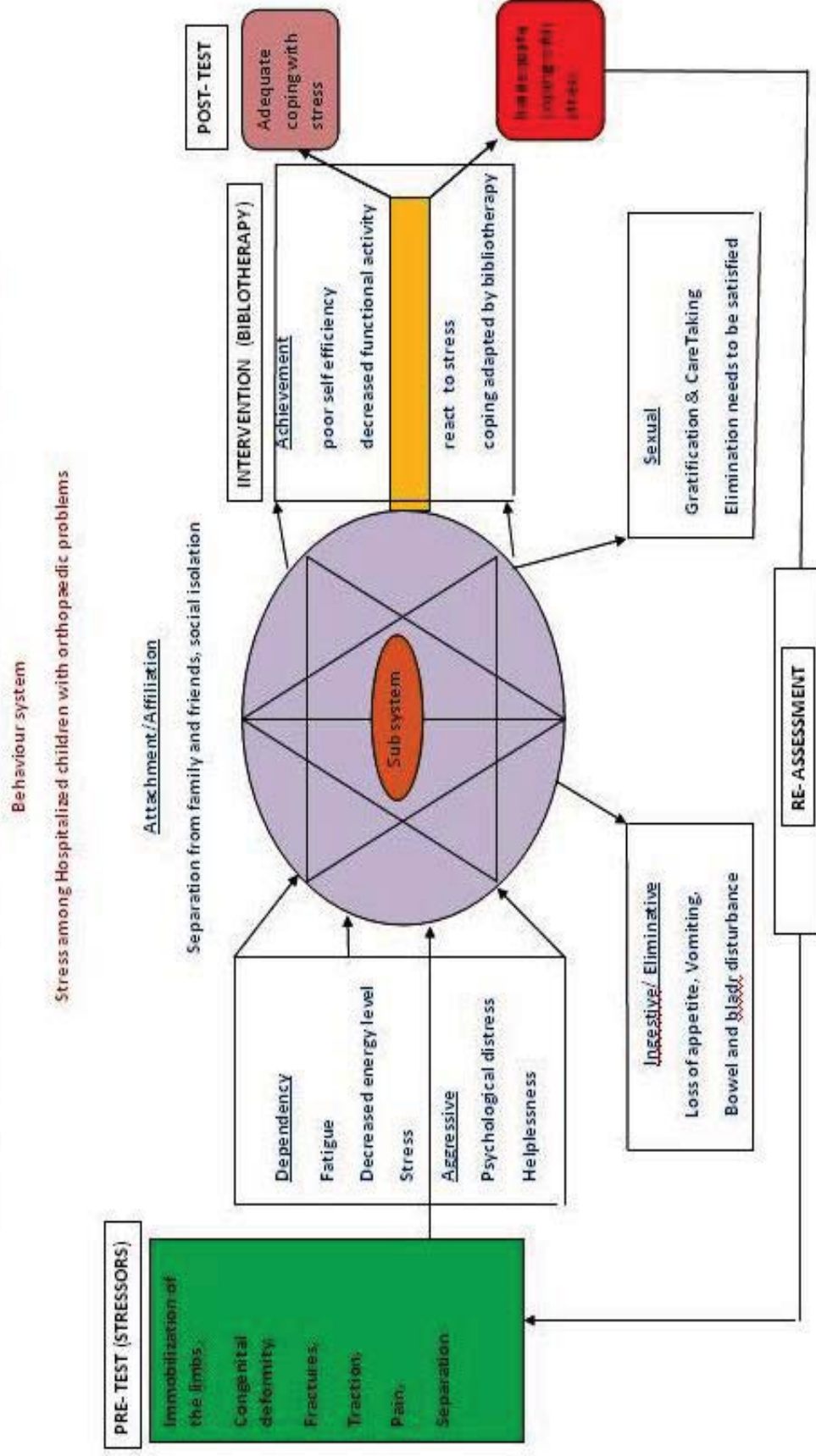
Sexual subsystem

In children sexual subsystem mainly works with gratification care taking, through the elimination of stools and micturation sitting long time in toilet will reduce the stress level of the children but the child couldn't perform this because of impairment .

Aggressive / protective subsystem

Its factors in protection and preservation these children show emotional outburst like anxiety and anger which will impair the normal protection and preservation function.

Figure 1: CONCEPTUAL FRAME WORK BASED ON DOROTHY E. JOHNSON'S BEHAVIOURAL SYSTEM THEORY (1980)



CHAPTER-III

This chapter deals with steps and procedures adopted to gather, analyse and interpret the data in the present study.

RESEARCH APPROACH

A research approach guides the researcher in the Nature of data to be calculated and the method of analysis to accomplish the objectives of the current study Quantitative Research approach had been chosen by the investigator.

RESEARCH DESIGN

The research design adopted for the study is one group pretest post test design which belongs to the pre-experimental design.

VARIABLES

Independent variables – Bibliotherapy Intervention

Dependent variables – Stress – among orthopedic children

Attribute variables : Age, Sex, order of birth, education of the parents, occupation, income, place of residents, hobbies of the child, type of family.

SETTING OF THE STUDY

The study was conducted in inpatient Department of Orthopedics, Institute of Child Health, Egmore, Chennai-8 which serves for fractures and congenital deformity, deformity correction and physiotherapy and long term care.

POPULATION

The study population included all the children 6-12 years receiving orthopedic treatment.

SAMPLE

The study sample comprises of children 6-12 years of age admitted in orthopedic wards. Department of Institute of Child Health Hospital, Chennai-8.

CRITERIA FOR SAMPLE SELECTION

Inclusion Criteria

- ❖ Children with stress of hospitalization
- ❖ The children willing to participate
- ❖ Children available during study period
- ❖ Children able to follow the instruction
- ❖ Children between 6-12 years of age

Exclusion criteria

- ❖ Children who have no co-operation
- ❖ Children who have severe medical or psychological condition
- ❖ Unconscious children.

SAMPLE SIZE

The sample size was 60 children with orthopedic problems

SAMPLING TECHNIQUE

The sampling technique employed to recruit samples was convenient samples.

DEVELOPMENT AND DESCRIPTION OF THE TOOL

The tool comprised of 2 section

Section 'A' : Demographic data of the children with orthopaedic problems

Section 'B' : Perceived stress scale to assess the stress level by 10 points questions positive and negative. Question total 40 marks score

Postive Items : 4,5,7,8

Negaitve Items : 1,2,3,6,9,10

| Statement | Never | Almost never | Sometimes | Fairly often | Very Often |
|----------------|-------|--------------|-----------|--------------|------------|
| Positive Items | 4 | 3 | 2 | 1 | 0 |
| Negaitve Items | 0 | 1 | 2 | 3 | 4 |

SCORING INTERPRETATION

Each item on the tool was given score of 0 – 4. Total score 40.

The score is interpreted as follows.

| | | |
|-----------------|-------|---------|
| Mild stress | Score | 0 – 10 |
| Moderate stress | Score | 11 – 20 |
| Severe stress | Score | 21 – 30 |
| Very severe | Score | 31 - 40 |

ETHICAL CONSIDERATION

The study was conducted after the approval of the Institutional Ethical Committee, Madras Medical College, Rajiv Gandhi Government General Hospital, Chennai -03. Informed consent was obtained from each study participant after giving full information about the study. Anonymity was assured to each participant and maintained by the researcher.

CONTENT VALIDITY

The content validity of the tool was established on the basis of opinion from two experts, Medical expert and Nursing expert and the tool was finalized.

PILOT STUDY

With formal permission from the Head of the department and content validity from the experts, the study was conducted in medical wards for 5 days at Institute of Child Health and Hospital for Children, Egmore, Chennai-08. By simple convenient sampling technique. Bibliotherapy was given. The study showed the feasibility to conduct the proposed study as planned.

RELIABILITY

Reliability of the tool was assessed by using split half method. Stress score reliability correlation value 0.83. This correlation coefficient is very high and it is good tool for assessing effectiveness of bibliotherapy on stress among hospitalized children

DATA COLLECTION PROCEDURE

The study was conducted with the permission of the Head of the Department and the Institutional Ethical committee.

Screening of subjects receiving intravenous cannulation with the inclusion criteria for selection was done.

Information about the study was given to the subjects and informed consent obtained in the prescribed form. The investigator assured the confidentiality.

Information was collected from the study subjects by questionnaire.

Samples were selected by convenient sampling technique.

INTERVENTION

On the 1st day – Morning session, establish an interpersonal relationship with the child by explaining the process of bibliotherapy.

Provide a calm and quiet environment.

Provide comic story books to the child for reading and instruct the child to read for 20 minutes.

After 2 hour interval, again comic story books will be given to the child for reading for 20 minutes.

On the 2nd day morning session, comic story books will be given to the child for reading for 20 minutes and 2 hour interval the same comic book will be given to the child for reading for 20 minutes.

And the end of the second day session post test will be assessed by using perceived stress scale.

PLAN FOR DATA ANALYSIS

The data were planned to be analyzed in terms of objectives of the study using descriptive and inferential statistics.

Descriptive Statistics

- ❖ Frequency and percentage distribution to analyze the demographic data.
- ❖ Mean and standard deviation to assess the scores.

Inferential Statistics

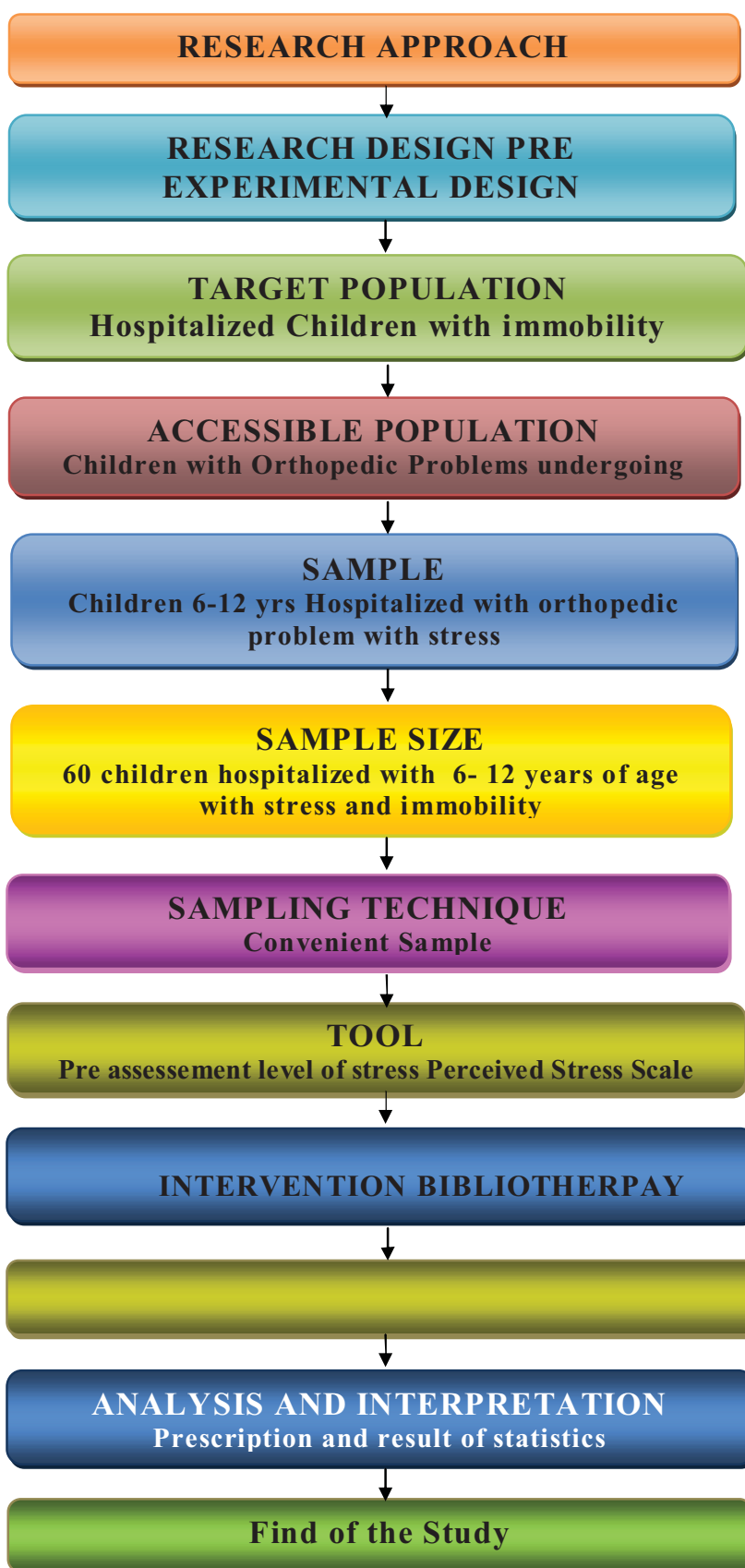
- ❖ Independent 't' test for comparison of experimental and control groups.
- ❖ Chi square to find the association between experimental and control groups and selected demographic variables.
- ❖ The data analysis and interpretations of the results are given in the following chapter.

PROJECTED OUTCOME

The study findings will be helpful for the health professional to elicit,

Reduction of stress level of the hospitalized children using Bibliotherapy.

SCHEMATIC REPRESENTATION OF THE STUDY



CHAPTER-IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and interpretation of data collection from 60 children on stress of hospitalization in the orthopaedic department at Institute of Child Health, Chennai – 8.

The analysed data were tabulated and presented according to the objectives.

ORGANIZATION OF DATA

- Section ‘A’ : Description of demographic variables of children are stress of hospitalization
- Section ‘B’ : Pre assessment Level of stress among hospitalized children (pre test-level)
- Section ‘C’ : Level of post assessment stress among hospitalized children (post test level)
- Section ‘D’ : Comparison of the pre test and post test stress core among hospitalized children from 6-12 year in orthopaedic department
- Section ‘E’ : Effectiveness of bibliotherapy
- Section ‘F’ : Association between pretest level of stress and children socio demographic variables.

Table 1: Demographic Profile

| Demographic variables | | No. of children | % |
|---|-----------------|------------------------|----------|
| Age | 6 -7 years | 23 | 38.3% |
| | 7 -8 years | 14 | 23.3% |
| | 8 -10 years | 15 | 25.0% |
| | 10 -12 years | 8 | 13.4% |
| Sex | Male | 30 | 50.0% |
| | Female | 30 | 50.0% |
| Care taker of the child | Mother | 50 | 83.4% |
| | Father | 5 | 8.3% |
| | Grand parents | 5 | 8.3% |
| Order of the Birth | First | 27 | 45.0% |
| | Second | 24 | 40.0% |
| | Third | 9 | 15.0% |
| Education & qualification of the Father | Illiterate | 8 | 13.3% |
| | Primary | 41 | 68.4% |
| | Secondary | 9 | 15.0% |
| | Graduate | 2 | 3.3% |
| Mother's Education | Illiterate | 9 | 15.0% |
| | Primary | 38 | 63.3% |
| | Secondary | 13 | 21.7% |
| Income/month | Rs.2000-4000 | 49 | 81.7% |
| | Rs.4000-6000 | 11 | 18.3% |
| Type of family | Nuclear family | 35 | 58.3% |
| | Joint family | 21 | 35.0% |
| | Extended family | 4 | 6.7% |

| Demographic variables | | No. of children | % |
|-----------------------|---------------------|-----------------|-------|
| Place of Residence | Rural | 27 | 45.0% |
| | Semi urban | 19 | 31.7% |
| | Urban | 14 | 23.3% |
| Hobbies of the Child | Reading books | 23 | 38.3% |
| | Paying with friends | 18 | 30.0% |
| | Watching TV | 19 | 31.7% |

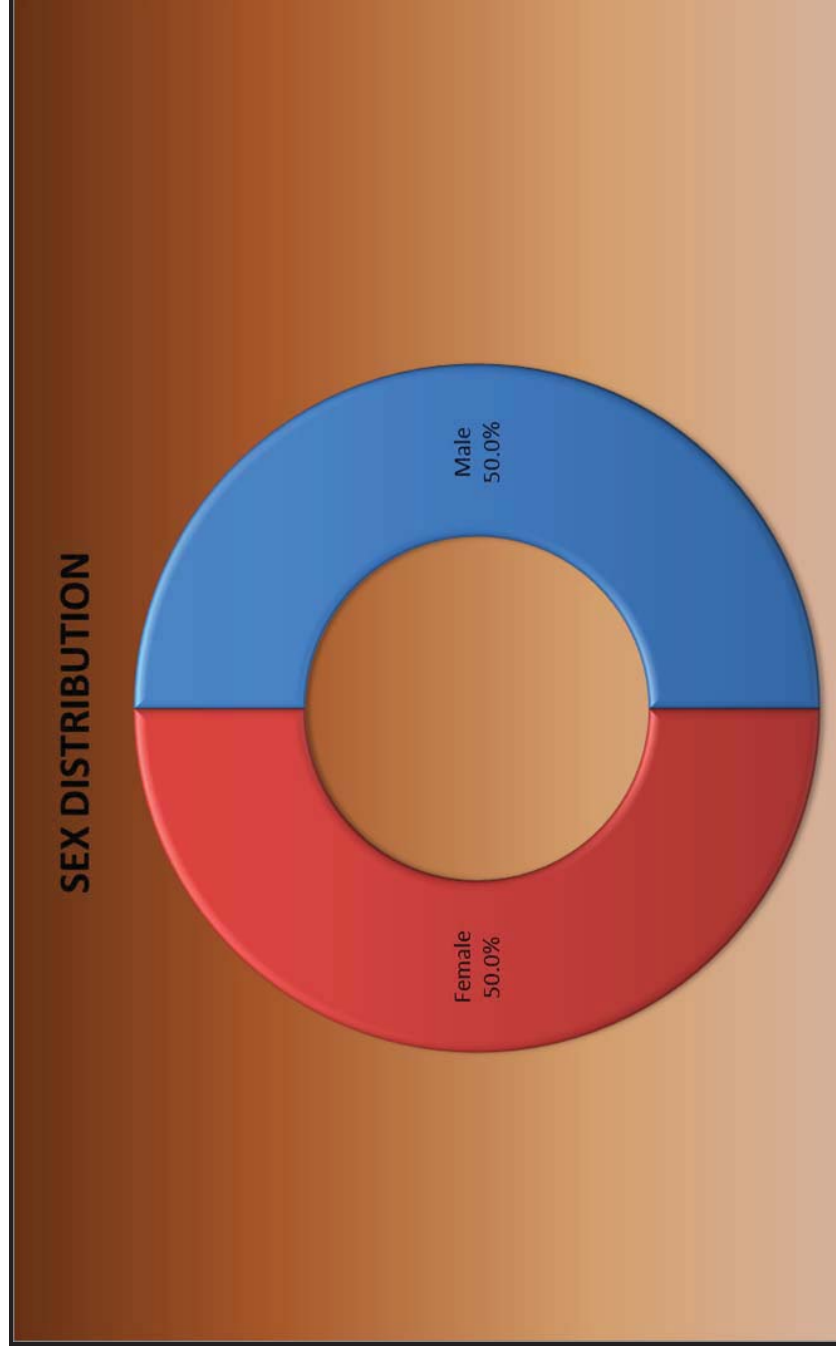
Table 1 shows the demographic information of children those who are participated for the following study on “A study to assess the effectiveness of bibliotherapy on stress among hospitalized children from 6-12 year in orthopaedics department, at Institute of Child Health, Egmore, Chennai – 8”.

Fig 3 : Age Distribution



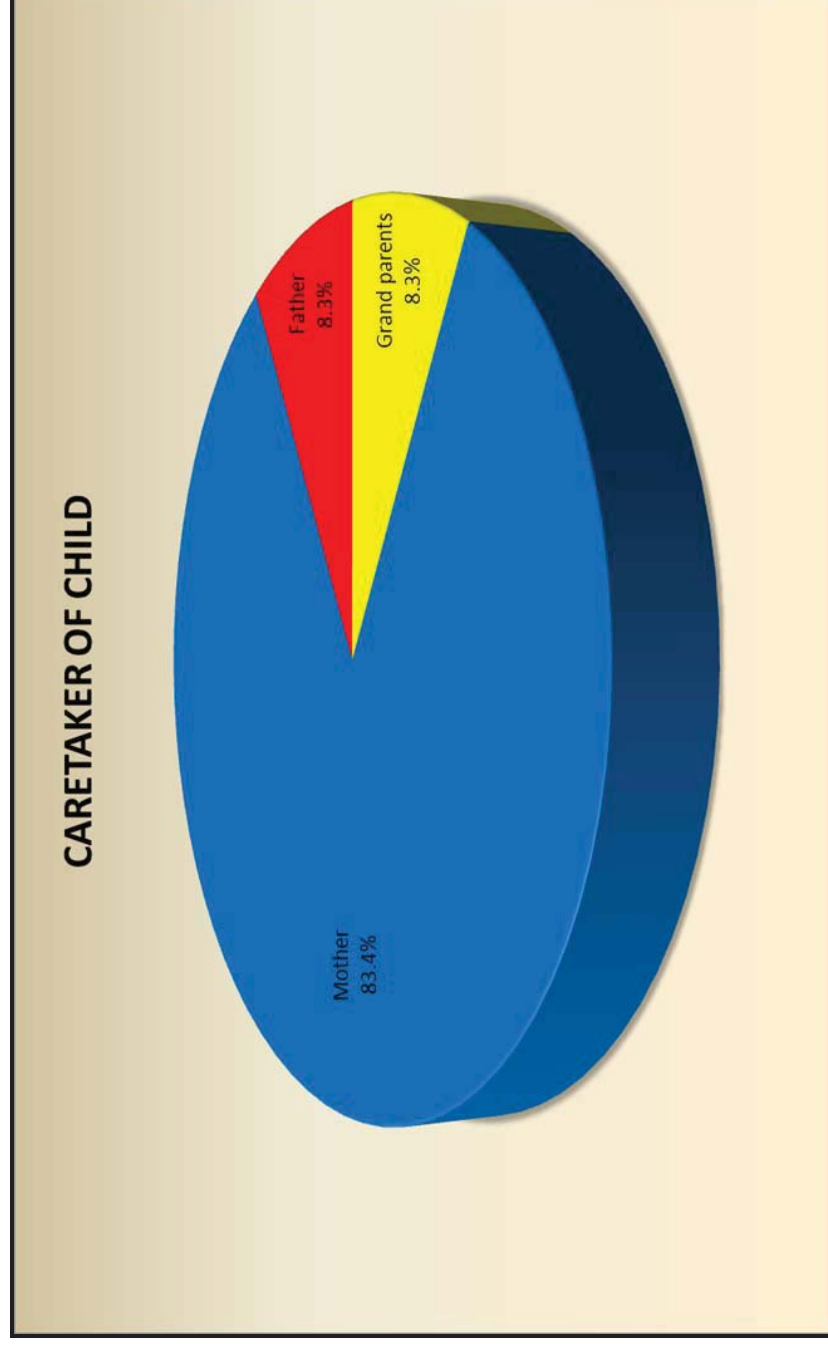
The above figure shows that majority of 38.3% childrens belongs to 6-7 years of age group.

Fig 4 : Sex Distribution



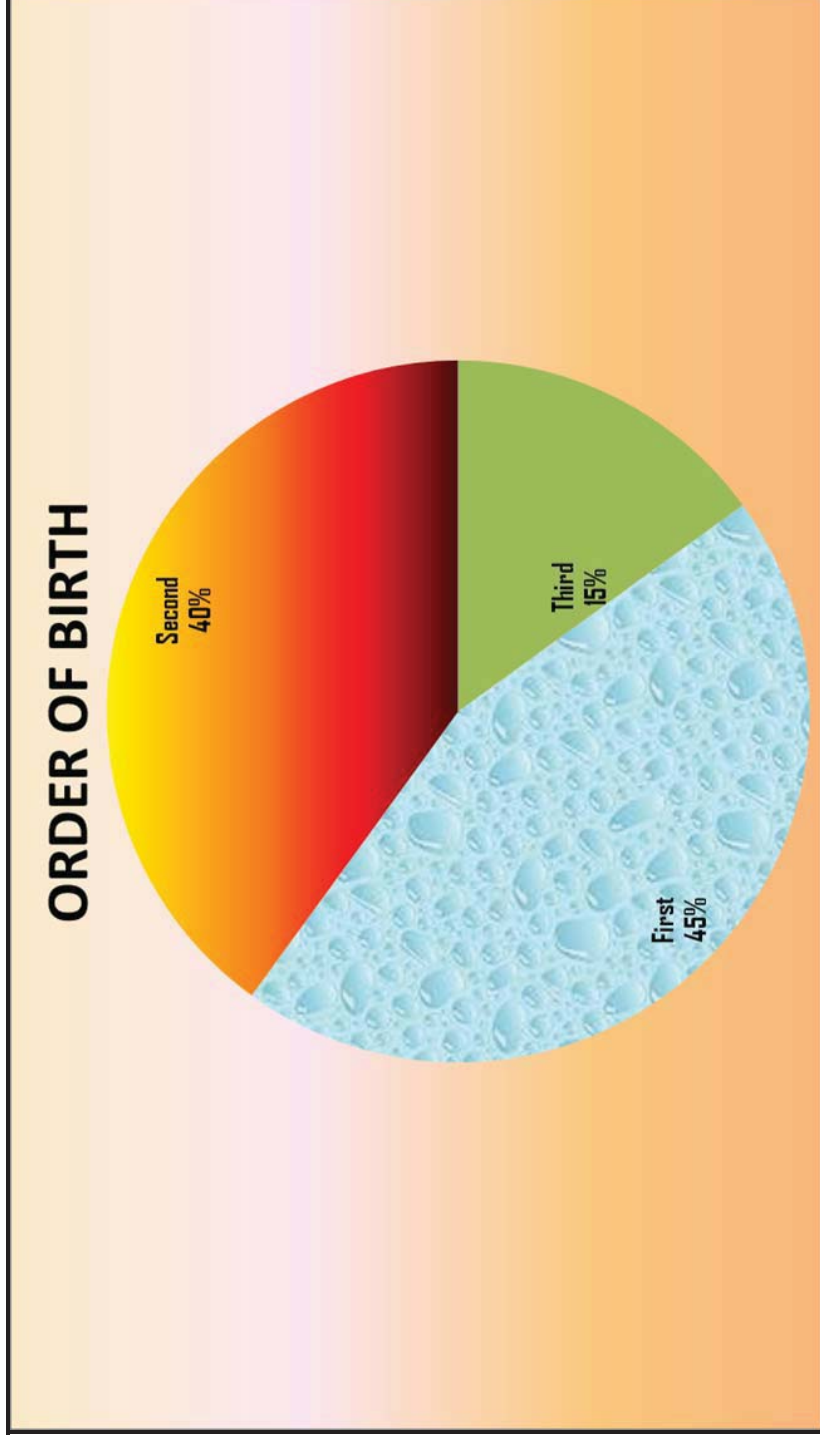
The above figure shows that almost equal percentage (50%) were either males or females.

Fig5 : Care Taker of Child



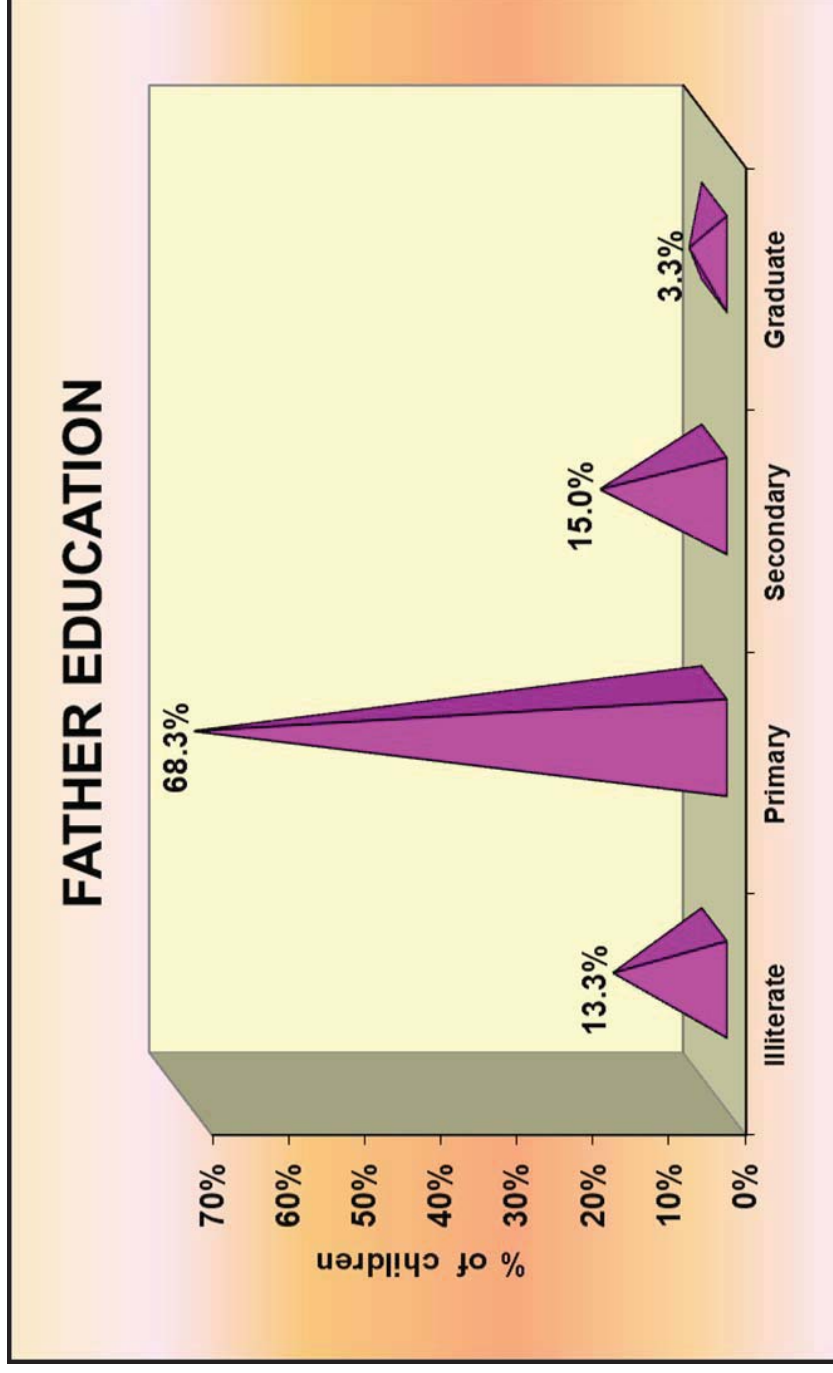
The above figure shows that majority (83.4%) of care givers were mothers.

Fig 6 : Order of Birth



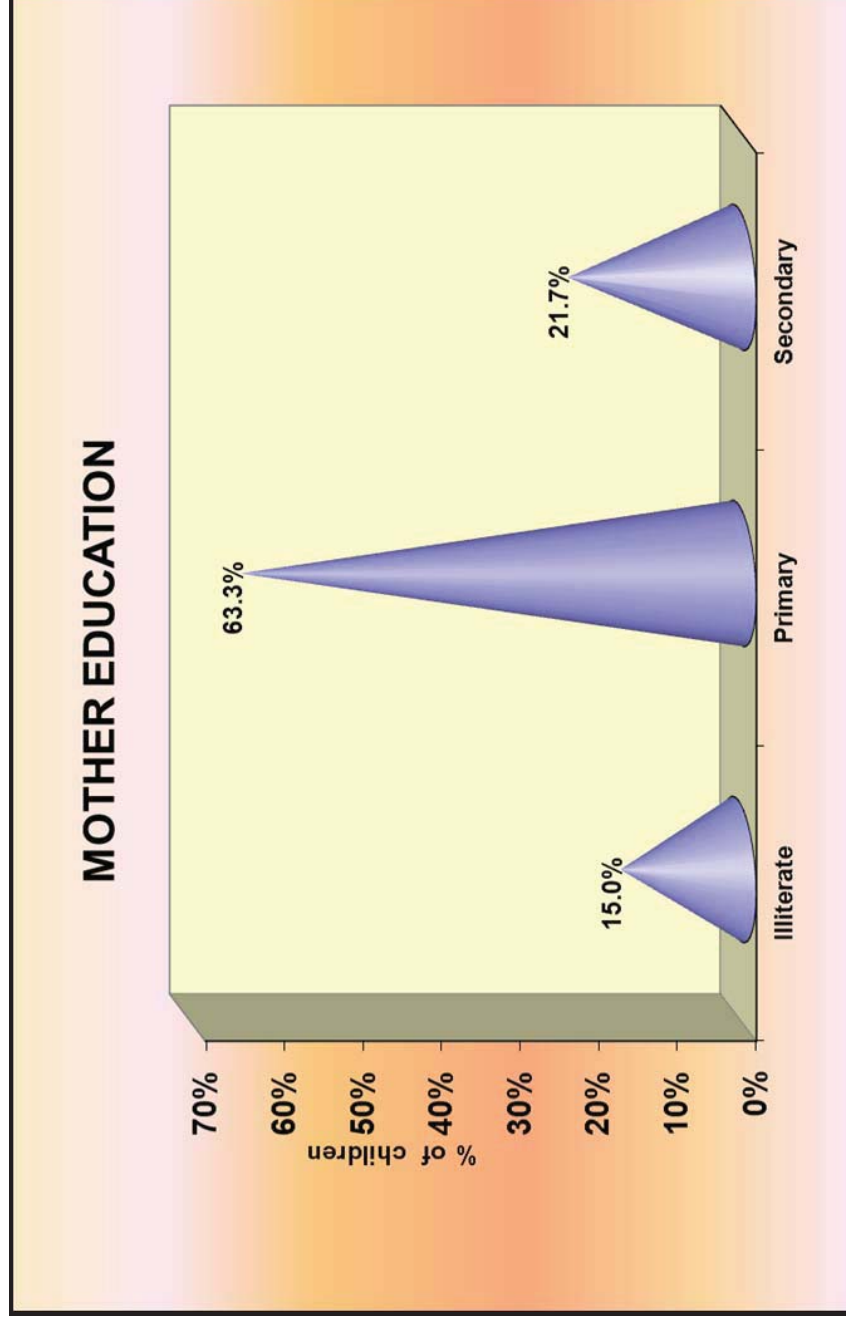
The above figure reveals that majority of children (45%) belongs to first order of birth.

Fig 7 : Father's Education



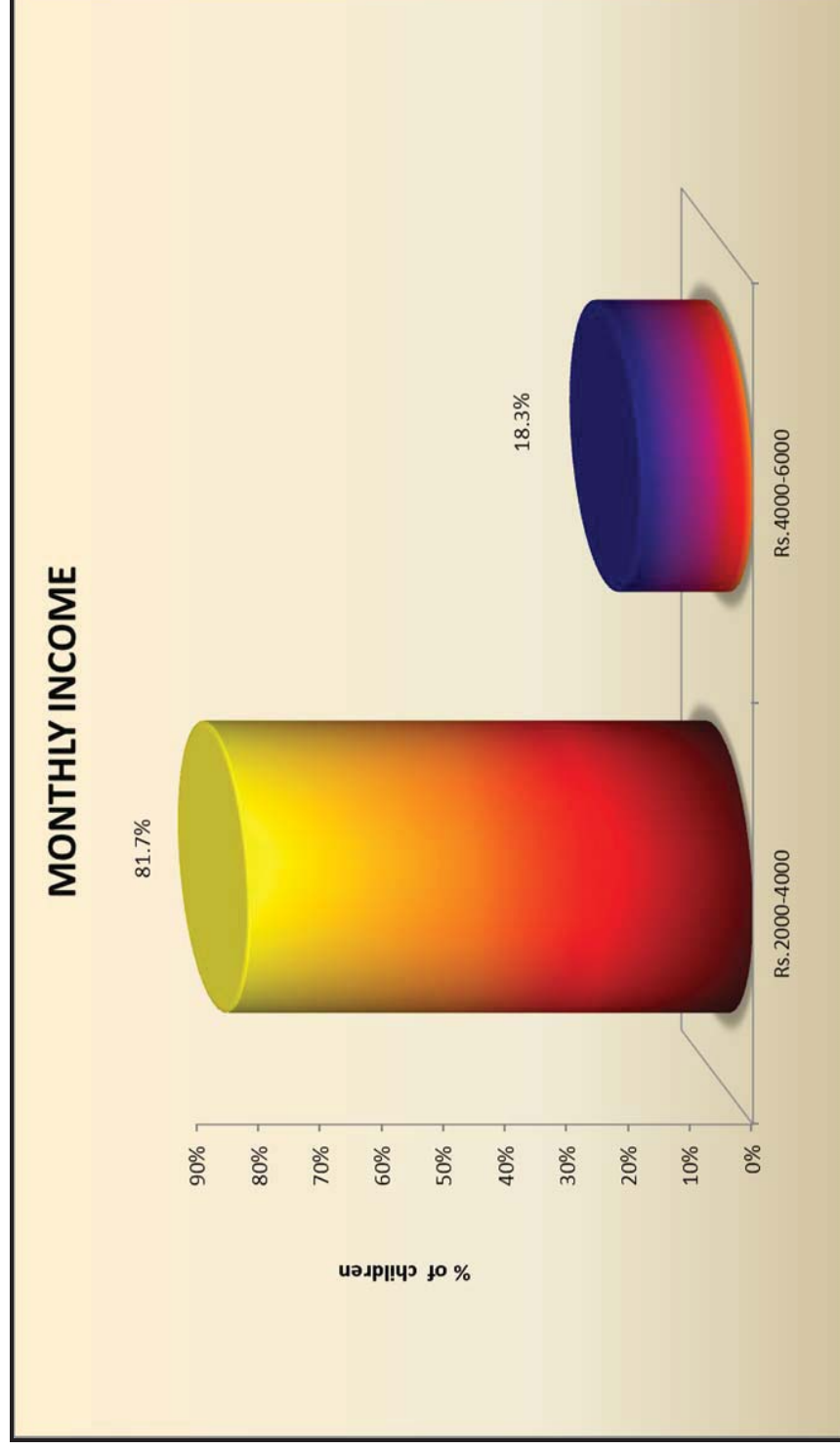
The above figure shows that majority of children (68.3%) belong to primary education.

Fig 8 : Mother's Education



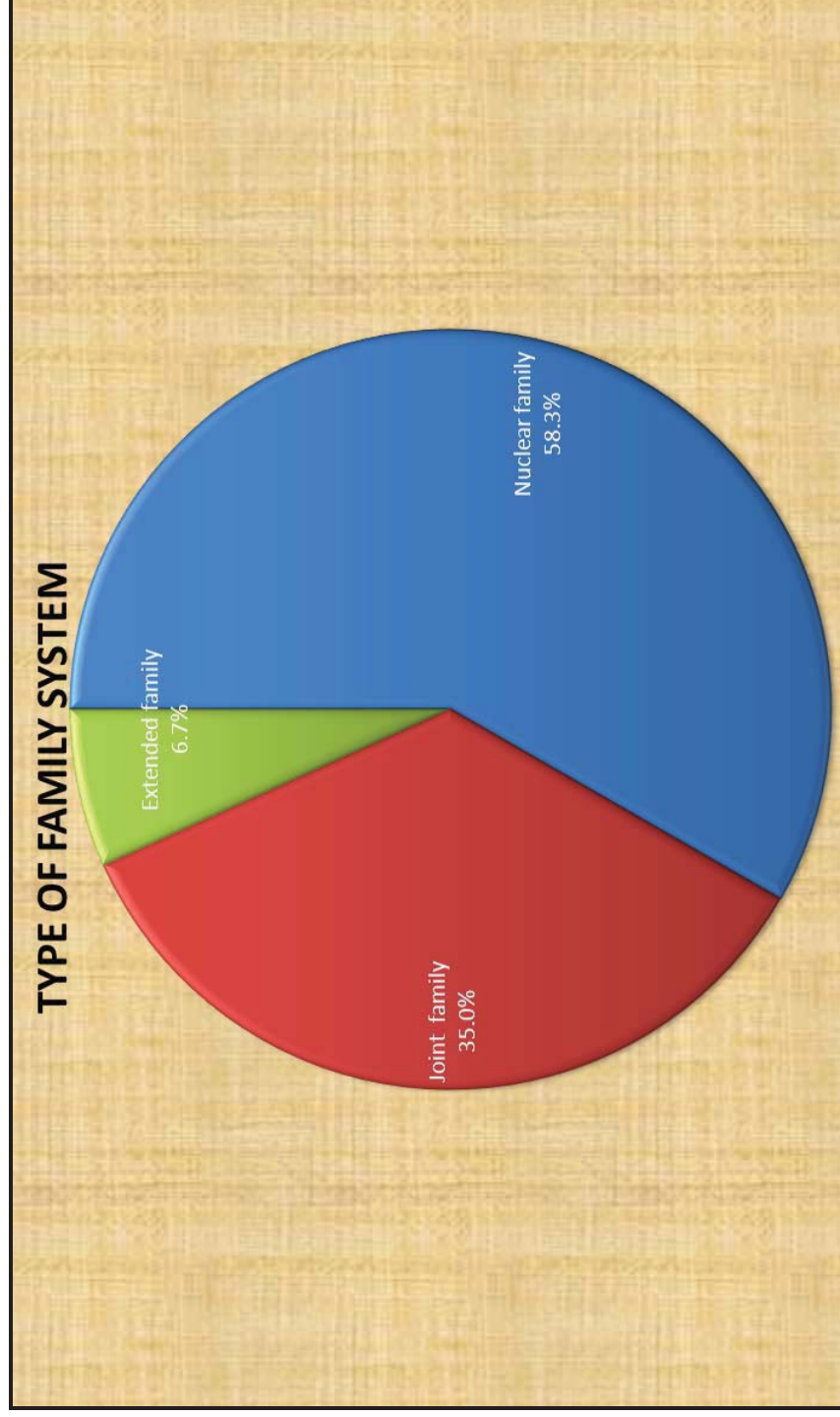
The above figure shows that majority of mother (63.3%) completed primary education

Fig 9 : Monthly Income



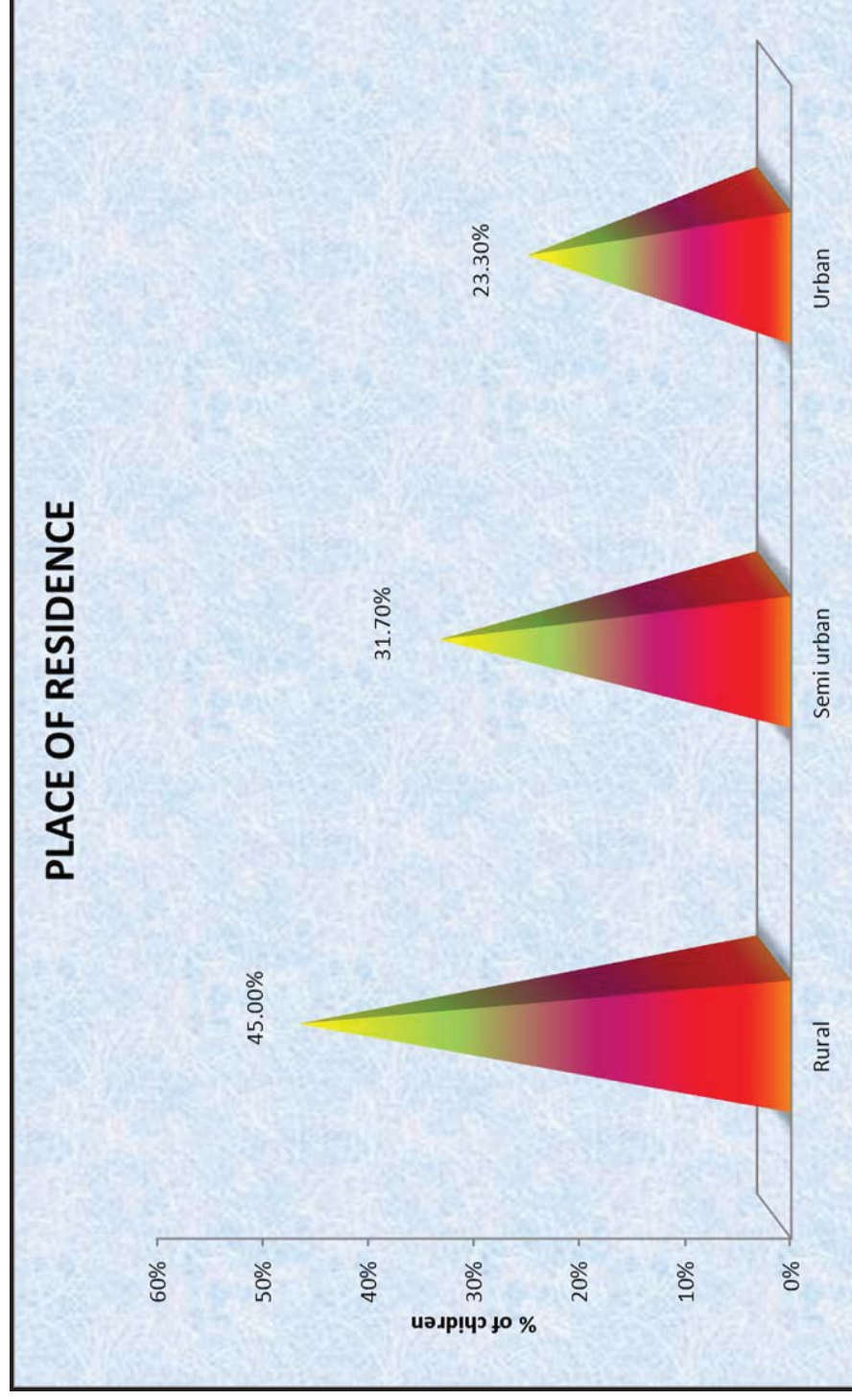
The above figures shows that majority of them (81.7%) were getting income of Rs.2000-4000

Fig 10 : Type of Family



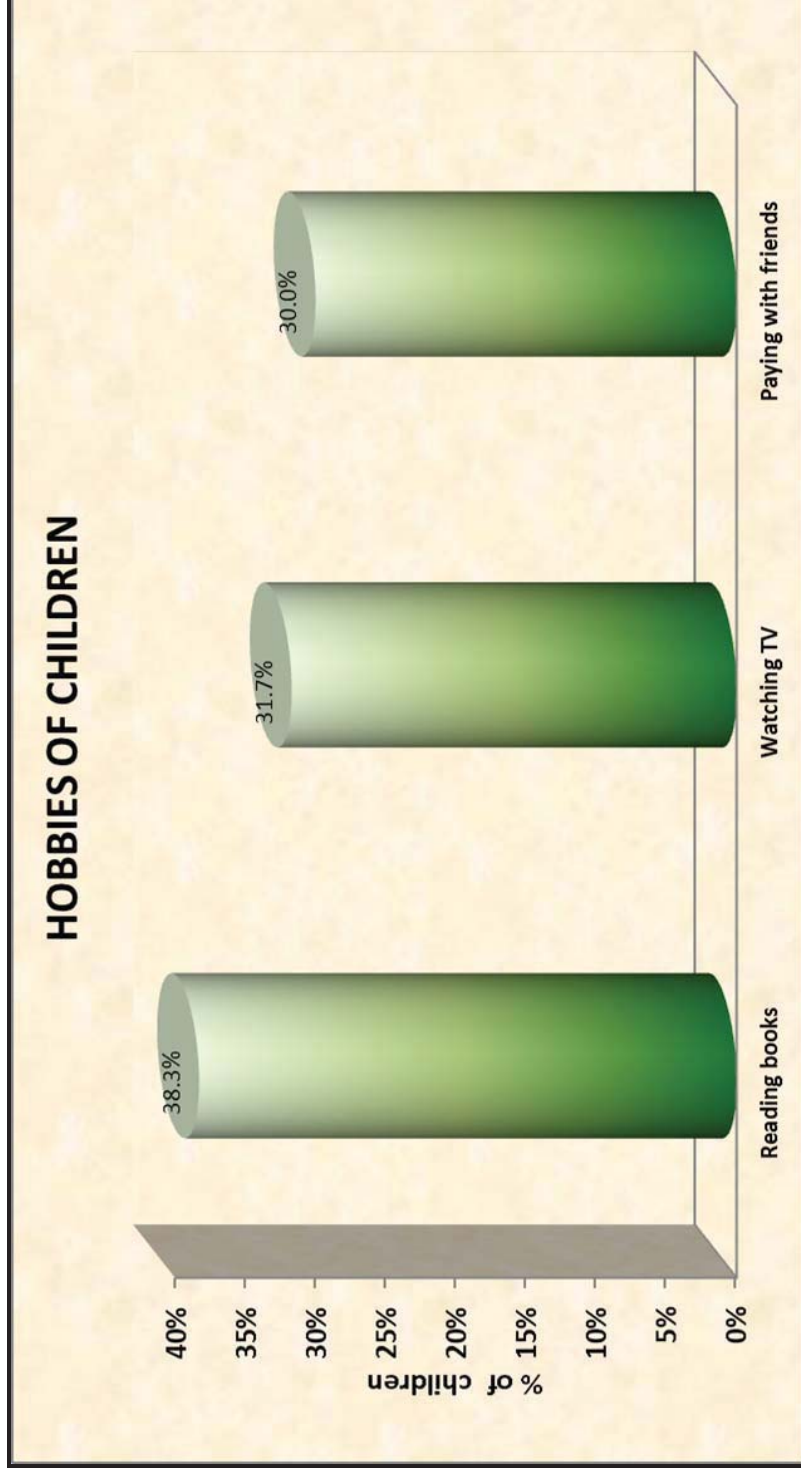
The above figure shows that majority of children (58.3%) were from nuclear family

Fig 11 : Place of Residence



The above figures shows that majority of children (45%) come from rural area

Fig 12 : Hobbies of Children



The above figure shows that majority of children (38.3%) have book reading as hobby.

Table-2:Pre assessment level of Strss percentage among children

| | | Min-max | Mean | SD | % of mean score |
|----|--|----------------|-------------|-----------|------------------------|
| 1 | Bean upset because of something | 0-4 | 2.62 | .88 | 65.5% |
| 2 | Flt that you were unable to convert | 0-4 | 2.97 | .66 | 74.3% |
| 3 | Felt nervous and stressed | 0-4 | 2.58 | .85 | 64.5% |
| 4 | Felt confident about your | 0-4 | 2.72 | .92 | 68.0% |
| 5 | Felt things were going your way | 0-4 | 2.48 | .89 | 62.0% |
| 6 | Found that you could not cope | 0-4 | 2.58 | .96 | 64.5% |
| 7 | Been able to control irritation in your life | 0-4 | 2.02 | .72 | 50.5% |
| 8 | Felt that you were on top of things | 0-4 | 2.55 | .91 | 63.8% |
| 9 | Been angered because of things | 0-4 | 2.60 | .91 | 65.0% |
| 10 | Felt difficulties were piling up to high | 0-4 | 2.13 | .98 | 53.3% |
| | Total | 0 -40 | 25.28 | 4.02 | 63.2% |

Table 2 shows, Pretest percentage of stress score among hospitalized children from 6-12 year in orthopaedics department.

Table 3: Pre Assessment level of stress score

| Level of stress | No. of children | % |
|------------------------|------------------------|----------|
| Mild | 0 | 0.0% |
| Moderate | 8 | 13.3% |
| Severe | 49 | 81.7% |
| Very severe | 3 | 5.0% |
| Total | 60 | 100.0% |

Table 3 shows, Pretest level of knowledge score in experimental group and control group

In pretest , none of them had mild stress. 13.3% of them had moderate and 81.7% of them had severe and 5% of them had very severe stress score.

SCORE INTERPRETATION

Minimum score = 0

Maximum score =40

| Grade | Percentage | Score |
|--------------|-------------------|--------------|
| Mild | 0– 25% | 0 - 10 |
| Moderate | 26 – 50% | 11 -20 |
| Severe | 51 -75 % | 21 -30 |
| Very severe | 76-100% | 31-40 |

Table-4: Post Assessment level of stress percentage

| | | Min-max | Mean | SD | % of mean score |
|----|--|----------------|-------------|-----------|------------------------|
| 1 | Been upset because of something | 0-4 | 1.68 | .65 | 42.0% |
| 2 | Felt that you were unable to convert | 0-4 | 1.77 | 1.08 | 44.3% |
| 3 | Felt nervous and stressed | 0-4 | 1.88 | 1.11 | 47.0% |
| 4 | Felt confident about your | 0-4 | 1.40 | .79 | 35.0% |
| 5 | Felt things were going your way | 0-4 | 1.30 | .67 | 32.5% |
| 6 | Found that you could not cope | 0-4 | 1.28 | .49 | 32.0% |
| 7 | Been able to control irritation in your life | 0-4 | 1.27 | .52 | 31.8% |
| 8 | Felt that you were on top of things | 0-4 | 1.27 | .52 | 31.8% |
| 9 | Been angered because of things | 0-4 | 1.23 | .50 | 30.8% |
| 10 | Felt difficulties were piling up to high | 0-4 | 1.30 | .59 | 32.5% |
| | Total | 0 -40 | 14.38 | 3.64 | 36.0% |

Table 4 shows, posttest percentage of stress score among hospitalized children from 6-12 year in orthopaedics department.

Table-5: Post Assessment level of stress score

| Level of stress | No. of children | % |
|------------------------|------------------------|----------|
| Mild | 14 | 23.3% |
| Moderate | 46 | 76.7% |
| Severe | 0 | 0.0% |
| Very severe | 0 | 0.0% |
| Total | 60 | 100.0% |

Table 5 shows, posttest level of stress score among hospitalized children from 6-12 year in orthopaedics department.

In pretest, 23.3% of them are having mild stress. 76.7% of them are having moderate, none of them are having severe and none of them are having very severe stress score.

Table 6: Comparison of Preassessment and Post assessment Level of Stress

| | Preassessment | | Postassessment | | Chisquare test |
|-------------|---------------|-------|----------------|-------|---|
| | n | % | n | % | |
| Mild | 0 | 0.0% | 14 | 23.3% | $\chi^2=83.14$ $P=0.001***$ Significant |
| Moderate | 8 | 13.3% | 46 | 76.7% | |
| Severe | 49 | 81.7% | 0 | 0.0% | |
| Very severe | 3 | 5.0% | 0 | 0.0% | |
| Total | 60 | 100% | 60 | 100% | |

* significant at $P \leq 0.05$ ** highly significant at $P \leq 0.01$ *** very high significant at $P \leq 0.001$

Table no.8 shows the preassessment and postassessment level of stress.

Before bibliotherapy, none of them are having mild stress. 13.3% of them are having moderate and 81.7% of them are having severe and 5% of them are having very severe stress score.

After bibliotherapy, 23.3% of them had mild stress. 76.7% of them had moderate stress, none of them had severe and none of them are having very severe stress score.

Chisquare test was used to test statistical significance.

Table 7: Comparison of Mean score, of mean score between pre and post assessment.

| | Maximum score | Mean stress score | Mean Difference in reduction with 95% Confidence interval | Percentage of stress reduction with 95% Confidence interval |
|----------------|----------------------|--------------------------|--|--|
| Preassessment | 40 | 25.28 | 10.90 (10.07 – 11.73) | 27.3% (25.2% –29.3%) |
| Postassessment | 40 | 14.38 | | |

* significant at $P \leq 0.05$ ** highly significant at $P \leq 0.01$ *** very high significant at $P \leq 0.001$

Table no 9 shows the comparison of pretest and posttest stress score

On an average, After bibliotherapy childrens had reduced (27.3%) percentage of the stress than preassessment.

Differences between preassessment and postassesment score was analysed using proportion with 95% CI and mean difference with 95% CI.

Considering Felt confident about your aspects, in preassessment, Mothers had 2.72 score where as in postassessment they are having 1.40score, so the difference is 1.32. This difference between preassessment and postassessment was large and it is statistically significant.

Statistical significance was calculated by using student's paired 't'test.

Table 8: Comparison of Preassessment and Postassessment Score

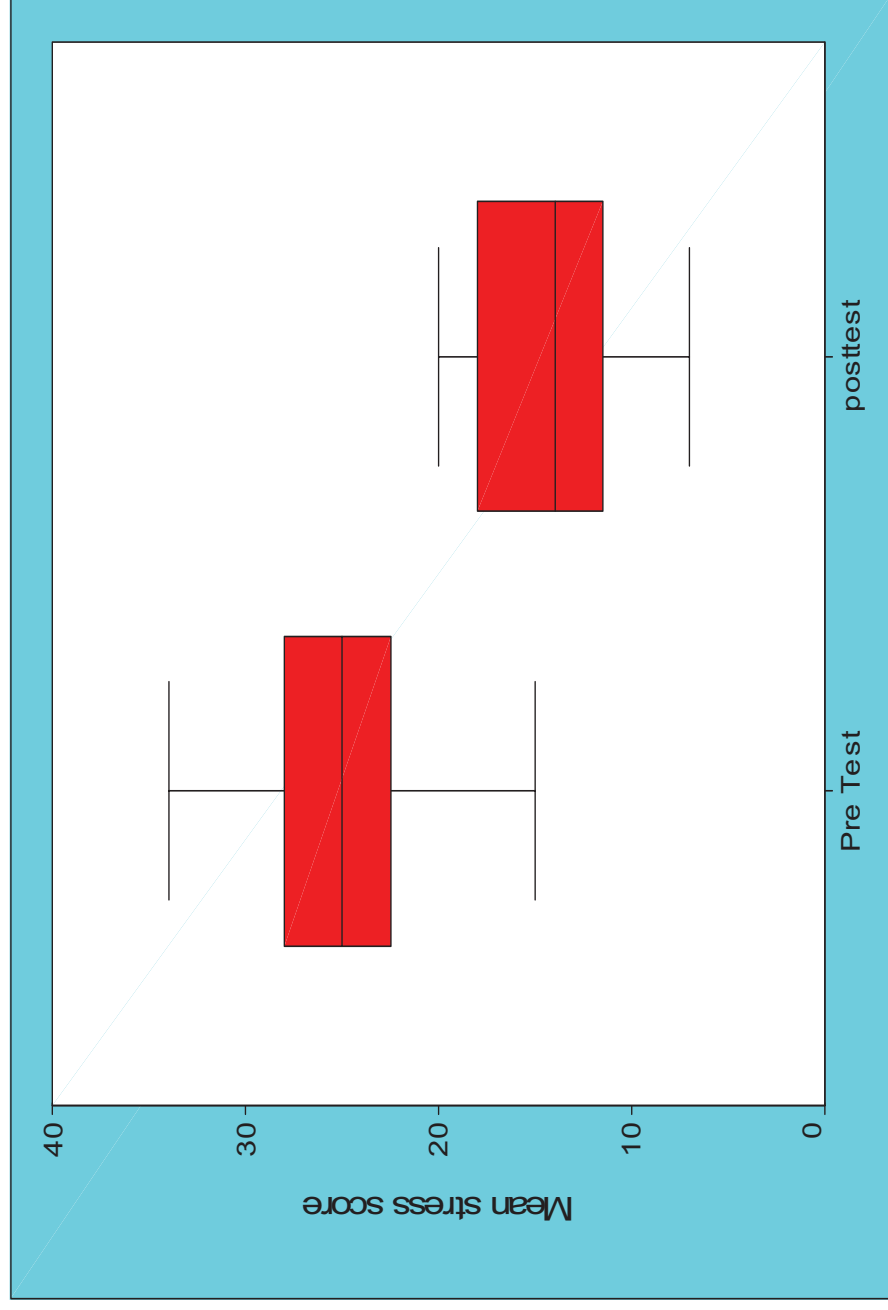
| | No. of children | Mean \pm SD | Student's paired t-test |
|----------|-----------------|------------------|-----------------------------------|
| Pretest | 60 | 25.28 \pm 4.02 | t=26.14 P=0.001*** significant |
| posttest | 60 | 14.38 \pm 3.64 | |

* significant at $P \leq 0.05$ ** highly significant at $P \leq 0.01$ *** very high significant at $P \leq 0.001$ (fig 11)

Table no 7 shows the comparison of preassessment and postassessment stress score.

On an average, in preassessment, children are having 25.28 score and in postassessment, children are having 14.38 score. Difference was 10.90 score. The difference between preassessment and postassessment stress score is large and it is statistically significant. Differences between pretest and posttest score was analysed using paired t-test.

Fig 13: Box-Plot diagram of pre and post assessment stress score



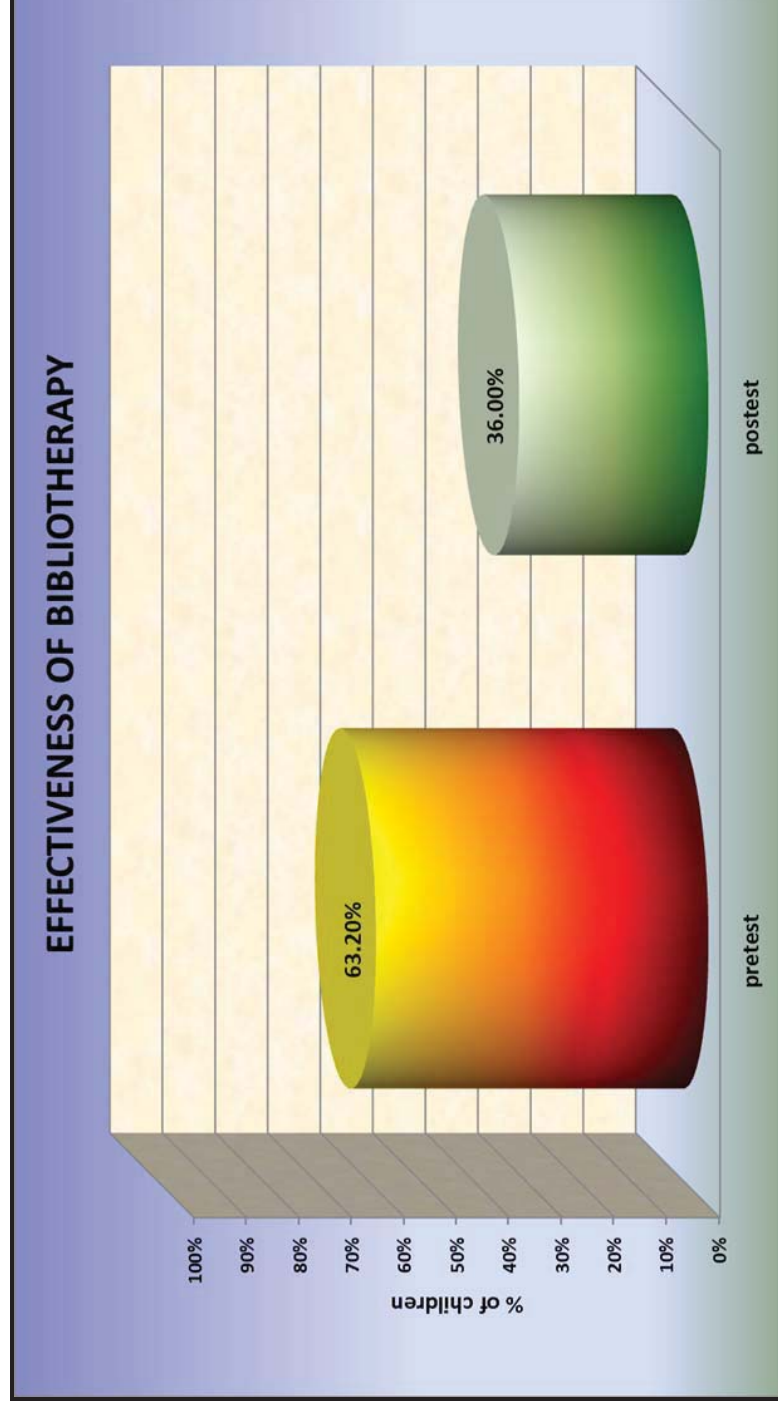
Box-Plot reveals the comparison of the preassessment and postassessment stress score among hospitalized children

Table 9: Effectiveness of Bibliotherapy

| Domains | Preassessment | Postassessment | % difference stres score |
|--|----------------------|-----------------------|-------------------------------------|
| Bean upset because of something | 65.5% | 42.0% | 23.5% |
| Flt that you were unable to convert | 74.3% | 44.3% | 30.0% |
| Felt nervous and stressed | 64.5% | 47.0% | 17.5% |
| Felt confident about your | 68.0% | 35.0% | 33.0% |
| Felt things were going your way | 62.0% | 32.5% | 29.5% |
| Found that you could not cope | 64.5% | 32.0% | 32.5% |
| Been able to control irritation in your life | 50.5% | 31.8% | 18.7% |
| Felt that you were on top of things | 63.8% | 31.8% | 32.0% |
| Been angered because of things | 65.0% | 30.8% | 34.2% |
| Felt difficulties were piling up to high | 53.3% | 32.5% | 20.8% |
| Overall | 63.2% | 36.0% | 27.2% |

Table 9 shows that 27.2% of stress. When comparing with the pre and post assessment stress level.

Fig.14 : Effectiveness of Bibliotherapy



The above figure shows reduction of stress percentage from 63.2% to 36%

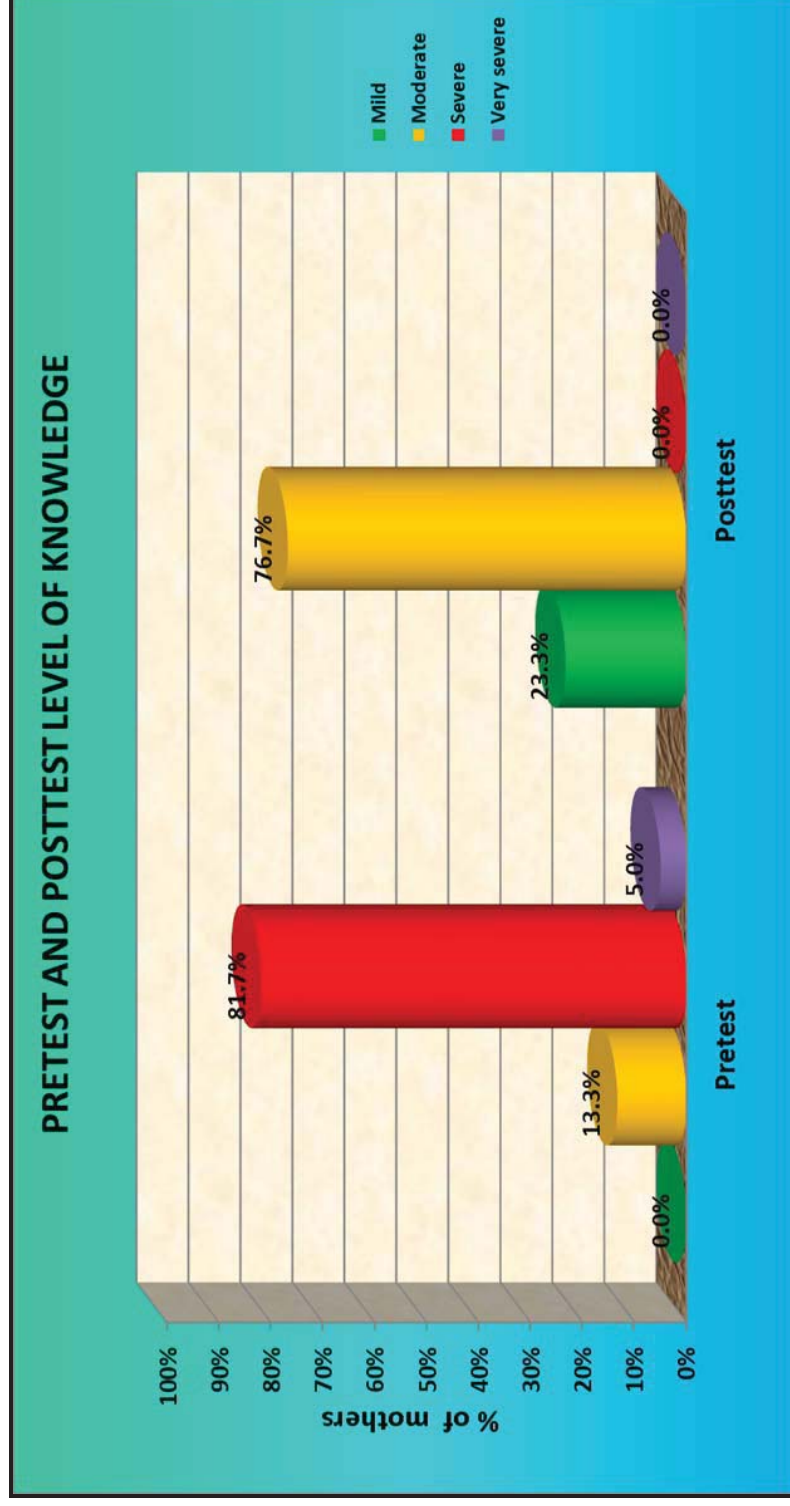
Table 10: Comparison of Preassessment and Postassessment stress Score

| | Stress score | | | | Student's paired t-test |
|--|--------------|-----|----------|------|---------------------------------------|
| | Pretest | | Posttest | | |
| | Mean | SD | Mean | SD | |
| Bean upset because of something | 2.62 | .88 | 1.68 | .65 | t=7.87, P=0.001*** significant |
| Flt that you were unable to convert | 2.97 | .66 | 1.77 | 1.08 | t=8.32, P=0.001*** significant |
| Felt nervous and stressed | 2.58 | .85 | 1.88 | 1.11 | t=3.85, P=0.05* significant |
| Felt confident about your | 2.72 | .92 | 1.40 | .79 | t=7.87, P=0.01** significant |
| Felt things were going your way | 2.48 | .89 | 1.30 | .67 | t=8.02, P=0.001*** significant |
| Found that you could not cope | 2.58 | .96 | 1.28 | .49 | t=10.28, P=0.001*** significant |
| Been able to control irritation in your life | 2.02 | .72 | 1.27 | .52 | t=7.51, P=0.001*** significant |
| Felt that you were on top of things | 2.55 | .91 | 1.27 | .52 | t=11.58, P=0.001*** significant |
| Been angered because of things | 2.60 | .91 | 1.23 | .50 | t=11.99, P=0.001*** significant |
| Felt difficulties were piling up to high | 2.13 | .98 | 1.30 | .59 | t=6.49, P=0.001*** significant |

* significant at $P \leq 0.05$ ** highly significant at $P \leq 0.01$ *** very high significant at $P \leq 0.001$

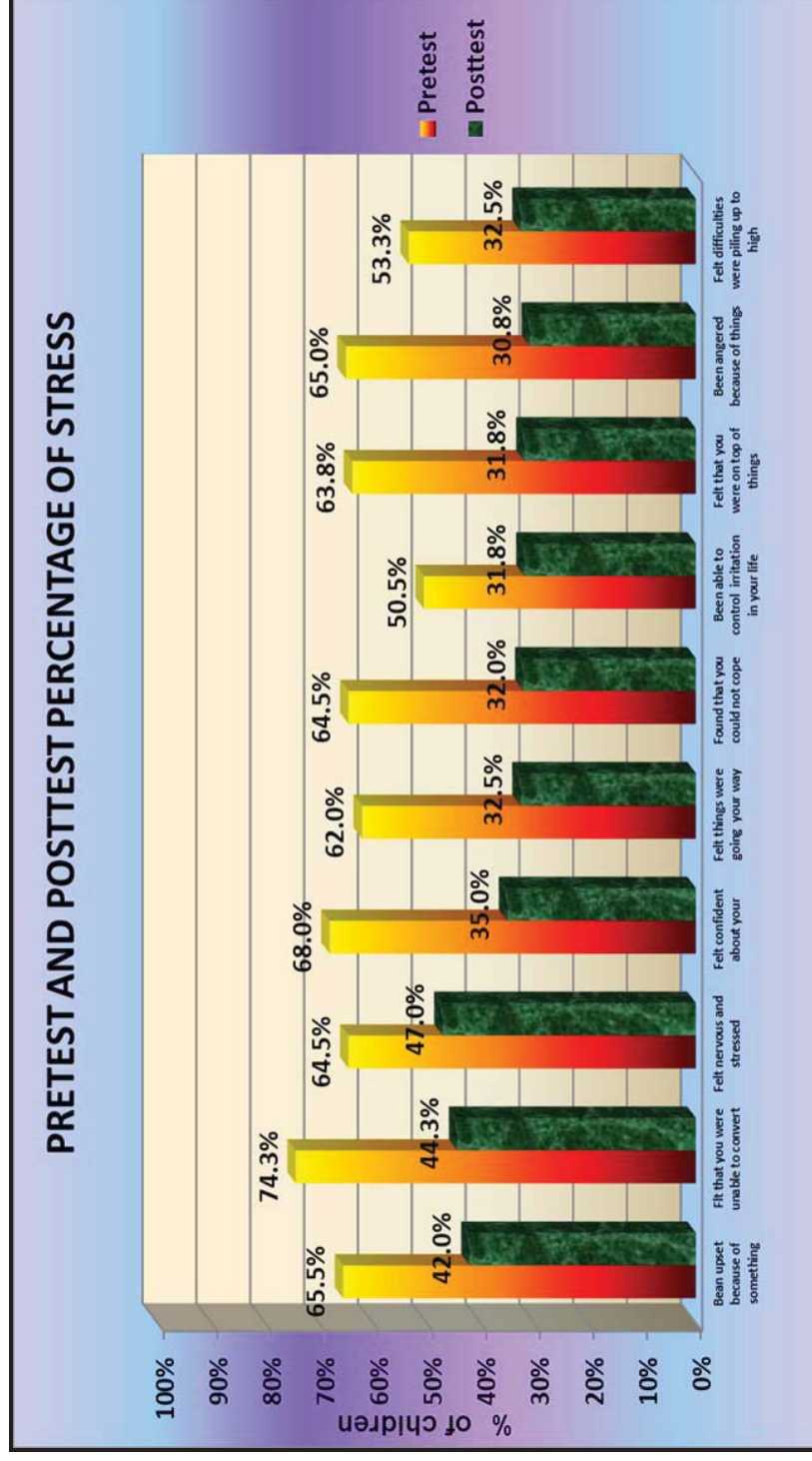
Table 6 reveals that there is significant stress reduction in almost all domains of stress.

Fig.15 : Preassessment and Post assessment Level of Knowledge



The above figure show that majority (81.7%) had severe stress in preassessment and majority (76.7%) had moderate stress in post assessment.

Fig.16 : Preassessment and Post assessment Percentage of Stress



The above figures that there is significant reduction in all domains of the stress.

Table 11: Association between Preassessment level of Stress in children and socio-demographic variables

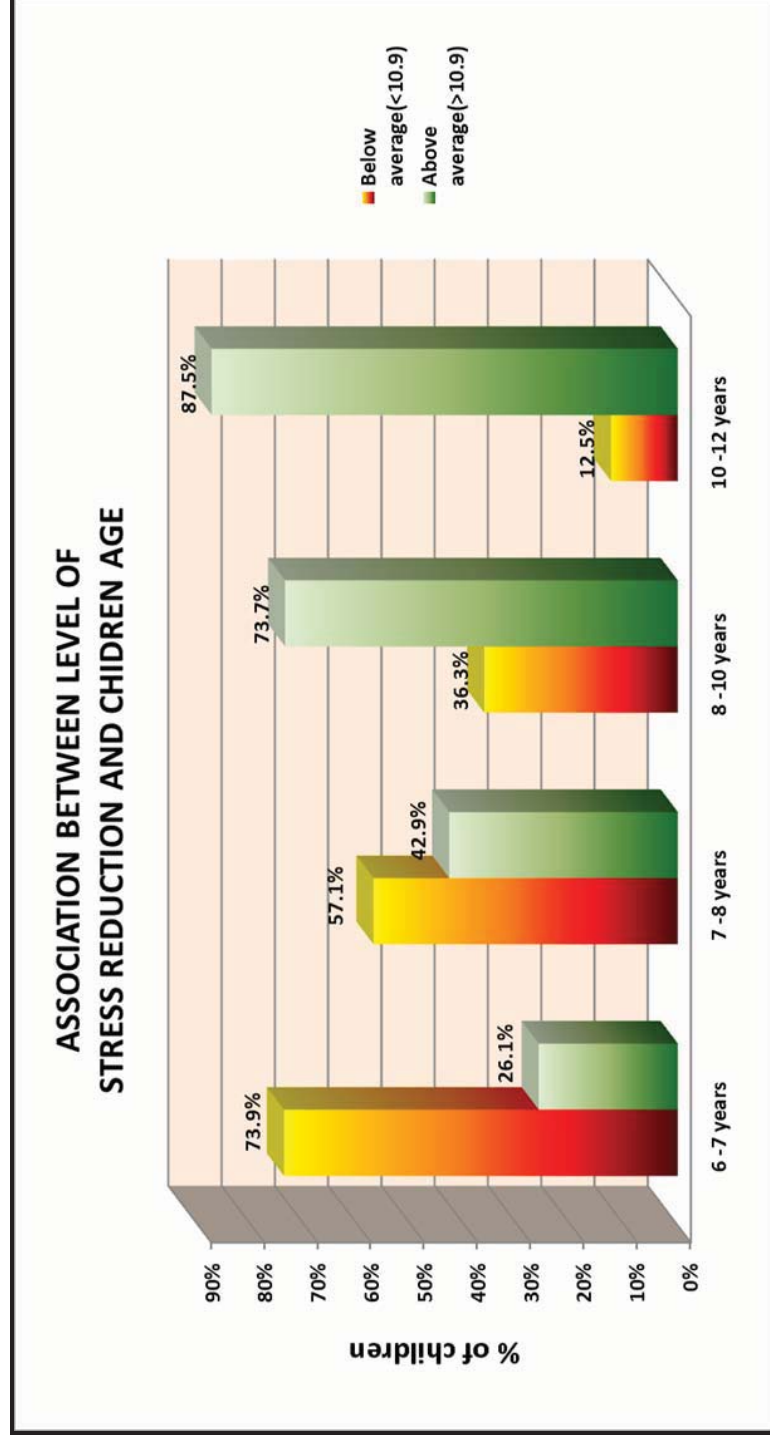
| Demographic variables | | Level of stress reduction | | | | Total | Chi square test |
|---|---------------|---------------------------|-------|-----------------------|-------|-------|----------------------------|
| | | Below average (<10.9) | | Above average (>10.9) | | | |
| | | n | % | n | % | | |
| Age | 6 -7 years | 17 | 73.9% | 7 | 26.1% | 23 | $\chi^2=13.33$ P=0.01** |
| | 7 -8 years | 8 | 57.1% | 6 | 42.9% | 14 | |
| | 8 -10 years | 4 | 36.3% | 11 | 73.7% | 15 | |
| | 10 -12 years | 1 | 12.5% | 7 | 87.5% | 8 | |
| Sex | Male | 17 | 56.7% | 13 | 43.3% | 30 | $\chi^2=1.06$ P=0.32 |
| | Female | 13 | 43.3% | 17 | 56.7% | 30 | |
| Care taker of the child | Mother | 24 | 48.0% | 26 | 52.0% | 50 | $\chi^2=0.48$ P=0.79 |
| | Father | 3 | 60.0% | 2 | 40.0% | 5 | |
| | Grand parents | 3 | 60.0% | 2 | 40.0% | 5 | |
| Order of the Birth | First | 11 | 40.7% | 16 | 59.3% | 27 | $\chi^2=4.59$ P=0.10 |
| | Second | 16 | 66.7% | 8 | 33.3% | 24 | |
| | Third | 3 | 33.3% | 6 | 66.7% | 9 | |
| Education & qualification of the Father | Illiterate | 4 | 50.0% | 4 | 50.0% | 8 | $\chi^2=1.22$ P=0.75 |
| | Primary | 22 | 53.7% | 19 | 46.3% | 41 | |
| | Secondary | 3 | 33.3% | 6 | 66.7% | 9 | |
| | Graduate | 1 | 50.0% | 1 | 50.0% | 2 | |
| Mother's Education | Illiterate | 5 | 55.6% | 4 | 44.4% | 9 | $\chi^2=2.45$ P=0.29 |
| | Primary | 21 | 55.3% | 17 | 44.7% | 38 | |
| | Secondary | 4 | 30.8% | 9 | 69.2% | 13 | |

| Demographic variables | | Level of stress reduction | | | | Total | Chi square test |
|-----------------------|---------------------|---------------------------|-------|-----------------------|-------|-------|--------------------------|
| | | Below average (<10.9) | | Above average (>10.9) | | | |
| | | n | % | n | % | | |
| Income/month | Rs.2000-4000 | 26 | 53.1% | 23 | 46.9% | 49 | $\chi^2=1.31$ P=0.31 |
| | Rs.4000-6000 | 4 | 36.4% | 7 | 63.6% | 11 | |
| Type of family | Nuclear family | 22 | 62.8% | 13 | 37.2% | 35 | $\chi^2=6.17$ P=0.05* |
| | Joint family | 6 | 28.6% | 15 | 71.4% | 21 | |
| | Extended family | 2 | 50.0% | 2 | 50.0% | 4 | |
| Place of Residence | Rural | 18 | 66.7% | 9 | 33.3% | 27 | $\chi^2=7.62$ P=0.02* |
| | Semi urban | 9 | 47.4% | 10 | 52.6% | 19 | |
| | Urban | 3 | 21.4% | 11 | 78.6% | 14 | |
| Hobbies of the Child | Reading books | 12 | 52.2% | 11 | 47.8% | 23 | $\chi^2=0.31$ P=0.85 |
| | Paying with friends | 8 | 44.4% | 10 | 55.6% | 18 | |
| | Watching TV | 10 | 52.6% | 9 | 47.4% | 19 | |

* significant at $P \leq 0.05$ ** highly significant at $P \leq 0.01$ *** very high significant at $P \leq 0.001$

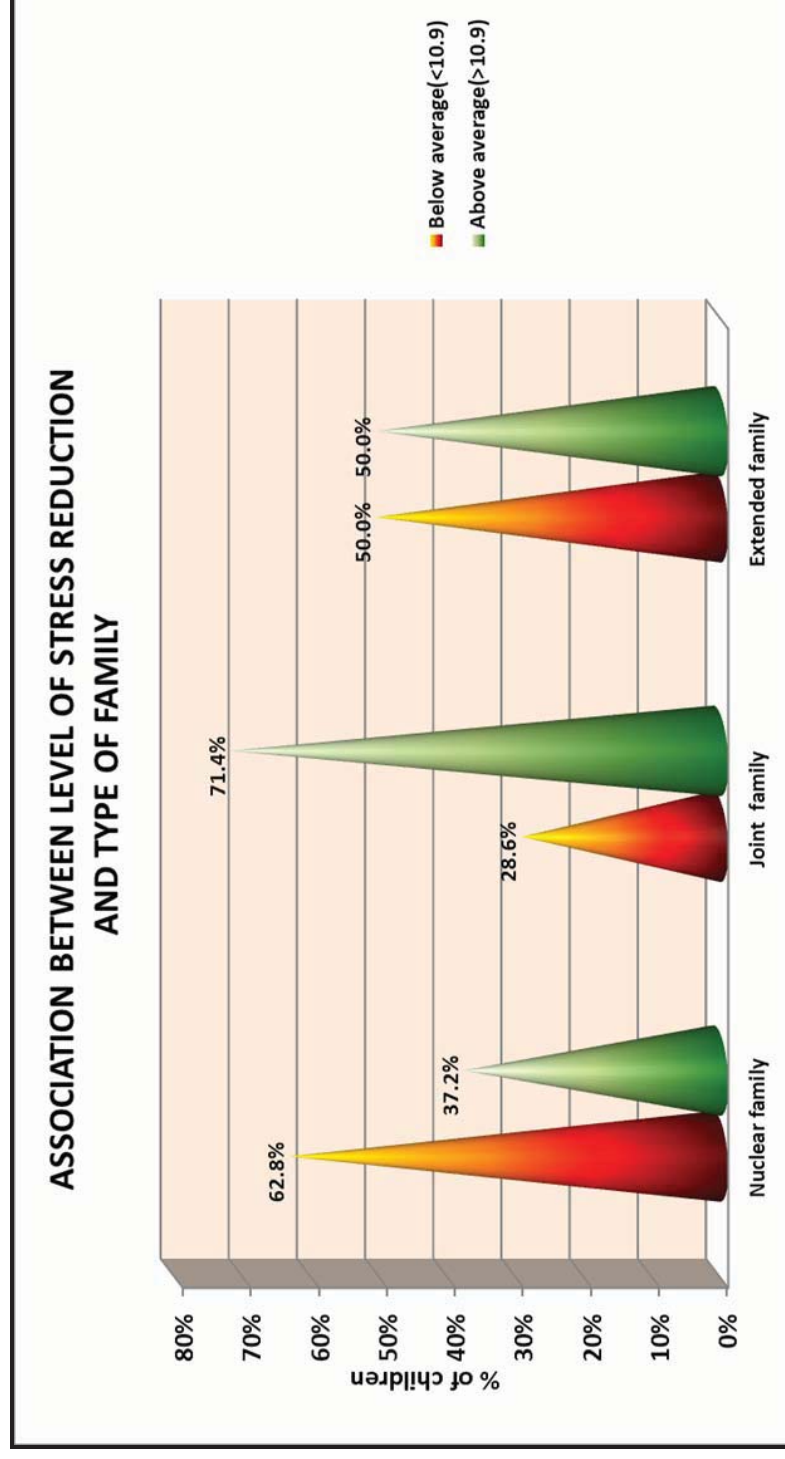
Table 11 shows the association between level of reduction in stress in children and socio demographic variables. variable like Age ($\chi^2=13.33$, $p=0.01$) Type of family ($\chi^2=6.17$ and $p=0.05$) place of residence ($\chi^2=7.62$, were $p=0.02$. So associated with level of stress reduction.

Fig.17 : Association Between level of Stress Reduction and Children Age



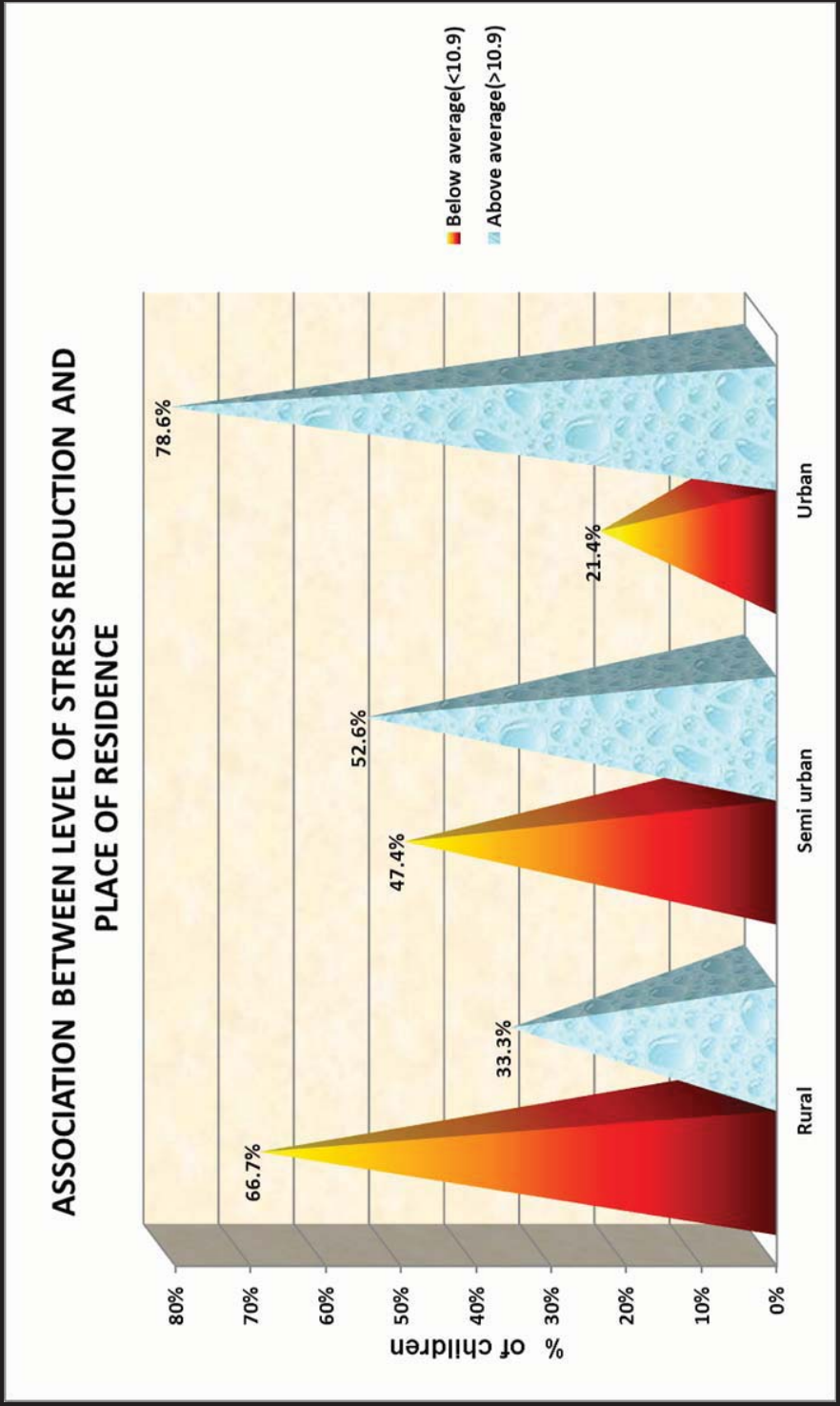
The above figures shows that children between 67 years had stress level 26.1%

Fig.18 : Association Between level of Stress Reduction and Type of Family



The above figures shows that children belonging to nuclear family had 37.2% stress level

Fig.19 : Association Between level of Stress Reduction and Place of Residence



The above figure shows that children belonging to rural area had 33.3% stress level

CHAPTER - V

DISCUSSION

This chapter presents the discussion of the result obtained from statistical analysis of data based on the objectives of the study.

In the orthopaedic the patient department, Institute of Child Healthy Hospital, Chennai – 8 Nurses look after the cleanliness, indenting drugs, cleaning stock stationeries etc, issuing the drug to the clients after the Doctor's rounds 30 to 70 patients becoming inpatient, the ward. Every day 3 to 5 children admitted in the orthopaedic ward, Since nurses are too busy looking after their indenting, maintaining the stock of medicines, other supplies and issue of drugs. There are only two nurses working on a shift they are not having adequate time and patience to listen to the difficulties faced by the children with immobility.

The children can more readily share their concern and problems to a nurse than any other health professional.

The nurse patient ratio is not appropriate. If the nurse patient ratio is appropriate it helps the nurses to provide counseling to the children.

DESCRIPTION OF DEMOGRAPHIC VARIABLES

From the analysis of data it can be infused that the majority of the age group 6-7 years 38.3% the least age group of children – 10 years to 12 years of age, sex in the age is 50% male and 50% female.

Care taken of the child: Mother in taking care of the children – 83.4% and others 83% order of the birth, 1st born comprises 45% high and lowest in third born – 15%.

Qualification of the father in the primary level and illiterate is 13.3%, graduates are 3.3%. Mother's qualification highest among mother is primary level 63.3% illiterate in 15% in the lowest level.

Monthly income of the father highest is 2000 to 4000/- 81.7% and lowest income among the father is 18.3% earns (4000 to 6000).

Type of family highest is Nuclear family 58.3% lowest in the extended family.

Rural population is the highest place of residence to the children who are affected by orthopaedic problem, 45% lowest is the urban population 23.3%.

Hobbies of the child reading books in 38.3% high among the children. Other services are equal to the children planning with friend and watching me.

The first objectives was to assess the pre test level the children hospitalized with orthopedic problems in pre assessment level none of them are having mild stress 13.3% of them are having moderate stress level 81.7% of them are having severe stresws level 5% of them are having very severe stress score.

Loss generates (limb) fear anguish sadness and grief each in normal reaction to the diagnosis of fracture or immobility.

As per the investigator's observation and experience severe stress among children with immediately could be attributed to the following factors, many of these children separated from their family.

The second objective was to assess the post assessment level among the children hospitalized with orthopedic problem. The post assessment level of stress scores 23.3% of them had mild stress 76.7% of them are having moderate, none of them are had severe and none of them had severe stress score.

The third objective was to compare the pre assessment and post assessment level of stress after bibliotherapy. Children had 27.3% reduced stress than the preassessment.

On an average in pre assessment children had 25.28 score and in post assessment children had 14.38 score difference 10.90 score it was analysed by t –test.

Fourth objective was to assess the effectiveness of bibliotherapy Children had 27.2% of stress reduction when compared with pre assessment and post assessment stress. This result was supported by Kaplan (2007) who suggests a (past from review of literature)

Fifth objective was to find association between pre and post assessment with selected socio demographic variables.

Age ($\chi^2 = 13.33$), Type of Family ($\chi^2=6.17$) and Place of residence ($\chi^2=7.62$) were significantly associated with stress reduction.

CHAPTER - VI

SUMMARY CONCLUSION, IMPLICATIONS RECOMMENDATIONS AND LIMITATIONS

Aeschylus Wrote :

*“what in there more kindly than the feeling
between host and guest.”.*

The hospital stay is often a time of great stress for children, patients families alike.

While some stress is normal and even healthy, children. Today seem to encounter may stressful like events at earlier ages, stress shows itself in children by complaints about stomachaches being nervous trouble sleeping, anger flares and infections.

Thinking it through clearly children must learn to think through a problem some specific strategies include bibliotherapy reading writing making plan. Thinking positively and thinking up real solution is important.

Making proactive : Books reading think through and name their feeling use stories and books can identify the feeling to ease them out for discussion and to discuss coping strategies.

National statistics found that one in ten children now suffer from mental health problems including stress anxiety and depression.

GAVIN BAYLIS a spoke man for young mind days in the past 20 years mental problem like stress got worse, they are being shown in younger children and they are getting more complex.

Although stress is not the same as depression – prolonged periods of stress can lead to depression if they are not dealt with effectively therefore stress in children should be tackled early to avoid problems in

laterlife, even two to three years of children. Showing sign of stress, experts say it is going to become a major health problem in the future unless something is done now to tackle stress in children.

So, the investigator was interested in assessing the level of stress among hospitalized children and undertook the present study.

A formal permission was obtained from the professor and head of the department, department of orthopaedics Institute of Child Health Egmore, Chennai-8.

The review of related literature helped the investigator in the selection and preparation of conceptual frame work methodology and tool for study the conceptual frame work adopted for the study was Dororthy E Johnson's system model this model helped the investigator to approach the problem in systematic manner.

The research design in pre experimental design sampling method was convenient sample. The tool consisted of demographic profile and perceived stress scale.

The tool was valid by Professors Medical and Surgical Nursing, Psychologist.

Pilot study conducted the tool was assessed by using split half method. Stress score reliability correlation coefficient value was 0.83 this correlation coefficient is very high and it is good tool for assessing effectiveness of bibliotherapy on stress among hospitalized child from 6-12 year in orthopaedics department at Institute of Child health.

MAJOR FINDINGS OF THE STUDY

- ❖ 81.7% of them had severe stress in the pre assessment levels.
- ❖ The severe stress was reduced to the moderate stress level 76.7%.

- ❖ In preassessment children had 25.28 score
- ❖ In post assessment children had 14.38 score
- ❖ Difference was 10.90 score. The difference between preassessment and post assessment score was large and was statistically significant. Paired t test is used to find the significance.

IMPLICATIONS

The investigator had drawn the following implication from the study which are of important concern in the field of nursing practice nursing administration, nursing education and nursing research.

NURSING PRACTICE

- ❖ Nurses handling the children with immobility play a important role in promoting the psychological adaptation of the clients. Nurses can counsel the children and help them to increase the coping skills.
- ❖ The counselling offered by the nurses can promote the psychological well being and reduce the stress of the children with orthopaedic problem. Hence the nurse should be possessing adequate knowledge and skill in identifying the children with stress.
- ❖ Nurses should always undertake the skills in training and counselling the children. Appropriate nurse patient ratio should be maintained and there should be separate room made available for counselling which is free from external distraction.
- ❖ Nurses can organise counselling sessions through the help lines also.

NURSING EDUCATION

- ❖ The nursing students should be available to identify and assess the children's stress and management.
- ❖ Since the modern technology and improvement had brought abundant stress into our life. Students need to be well equipped with skills in stress management.
- ❖ Nurses should be encouraged to attend workshops, seminars and symposium related to stress management programmes.
- ❖ Nurses should attend continuing nursing education programmes related to counselling skills.

NURSING ADMINISTRATION

- ❖ The nurse administrator should conduct in service education programmes for staff nurses in orthopaedic departments regarding the stress experienced by the prolonged stay of children in orthopaedic department.
- ❖ The administrator should allocate resource for further studies related to stress and management.

NURSING RESEARCH

Nurses should undertake studies related to stress and bibliotherapy in order to develop a programme designed to reduce the stress among hospitalized children.

A nurse researcher should encourage the practicing nurses and students to generate and apply the research findings to strengthen the nursing practice.

RECOMMENDATIONS

- ❖ Nurses trained in stress management or a psychologist can be appointed.
- ❖ Regular counselling in stress management and training should be conducted.
- ❖ Bibliotherapy enhances psychological health of the children and help in developing positive attitude.

CONCLUSION

- ❖ The study revealed that the children with mild to moderate stress his coping will after bibliotherapy so the nursing personal should be trained in counseling with regular sessions should be organized to reduce the stress and enhance the coping to the stressful situation.

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DEMOGRAPHIC DATA

1. Age in years

- a) 6 - 7 years
- b) 7 - 8 years
- c) 8 - 10 years
- d) 10 - 12 Years

☐

2. Sex

- a) Male
- b) Female

☐

3. Care taker of the Child

- a) Mother
- b) Father
- c) Grand parents
- d) Other's

☐

4. Order of the Birth

- a) First
- b) Second
- c) Third
- d) Fourth

☐

5. Educational & Qualification of the Father

- a) Illerate
- b) Primary
- c) Secondary
- d) Graduation

☐

6. Mother's Education

- a) Illerate
- b) Primary
- c) Secondary
- d) Graduation

☐

7. Income / *month*

- a) 2000 - 4000
- b) 4000 - 6000
- c) 6000 - 8000
- d) 8000 - 10000

☐

8. Type of Family

- a) Nuclear Family
- b) Joined Family
- c) Extended Family
- d) Broken Family

☐

9. Place of Residence

- a) Rural
- b) Semi Urban
- c) Urban
- d) Tribal

☐

10. Hobbies of the Child

- a) Reading Books
- b) Playing with Friends
- c) Watching Television
- d) Riding bicycle / *Any other*

☐

• **Perceived Stress Scale**

Name: _____ Date: _____

Circle the description that best represents how often you have felt or thought that way during the past month.

| | | | | | |
|--|-------|--------------|-----------|--------------|------------|
| 1) Been upset because of something that happened unexpectedly? | Never | Almost Never | Sometimes | Fairly Often | Very Often |
| 2) Felt that you were unable to control the important things in your life? | Never | Almost Never | Sometimes | Fairly Often | Very Often |
| 3) Felt nervous and — "stressed"? | Never | Almost Never | Sometimes | Fairly Often | Very Often |
| 4) Felt confident about your ability to handle your personal problems? | Never | Almost Never | Sometimes | Fairly Often | Very Often |
| 5) Felt that things were going your way? | Never | Almost Never | Sometimes | Fairly Often | Very Often |
| 6) Found that you could not cope with all the things that you had to do? | Never | Almost Never | Sometimes | Fairly Often | Very Often |
| 7) Been able to control irritations in your life? | Never | Almost Never | Sometimes | Fairly Often | Very Often |
| 8) Felt that you were on top of things? | Never | Almost Never | Sometimes | Fairly Often | Very Often |
| 9) Been angered because of things that were outside of your control? | Never | Almost Never | Sometimes | Fairly Often | Very Often |
| 10) Felt difficulties were piling up so high that you could not overcome them? | Never | Almost Never | Sometimes | Fairly Often | Very Often |

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. Perceived Stress Scale Scoring

PSS-10 scores are obtained by reversing the scores on the four positive items, e.g., 0=4, 1=3, 2=2, etc. and then summing across all 10 items. Items 4, 5, 7, and 8 are the positively stated items.

அழுத்தத்தை அளக்கும் அளவு கோள்

கீழ்காணும் கேள்விகளை படித்து தங்களின் எண்ணம் மற்றும் உணர்வு எப்படி இருந்தது என்பதை வட்டமிடுக

| | | | | | | |
|----|--|-----------------|-----------------------|------------|-----------|----------|
| 1. | எதிர்பாராத விதமாக நடந்த ஒரு விஷயத்திற்கு வருத்தப்படுகிறீர்களா? | எப்போதும் இல்லை | பெரும்பான்மையாக இல்லை | எப்போதாவது | எப்போதும் | அடிக்கடி |
| 2. | வாழ்க்கையின் முக்கியமான விஷயத்தை உங்களால் கட்டுக்குள் கொண்டு வர முடியவில்லை என்று எண்ணுகிறீர்களா | எப்போதும் இல்லை | பெரும்பான்மையாக இல்லை | எப்போதாவது | எப்போதும் | அடிக்கடி |
| 3. | பயம் மற்றும் அழுத்தம் உள்ளதாக எண்ணுகிறீர்களா | எப்போதும் இல்லை | பெரும்பான்மையாக இல்லை | எப்போதாவது | எப்போதும் | அடிக்கடி |
| 4. | உங்களுடைய சுய விஷயங்களை கையாளும் திறன் உங்களிடம் உள்ளதா | எப்போதும் இல்லை | பெரும்பான்மையாக இல்லை | எப்போதாவது | எப்போதும் | அடிக்கடி |
| 5. | நடப்பவை உங்களுக்கு சாதகமாக நடப்பதாக எண்ணுகிறீர்களா | எப்போதும் இல்லை | பெரும்பான்மையாக இல்லை | எப்போதாவது | எப்போதும் | அடிக்கடி |
| 6. | நீங்கள் செய்ய வேண்டிய | எப்போதும் | பெரும்பான்மையாக | எப்போதாவது | எப்போதும் | அடிக்கடி |

| | | | | | | | |
|-----|---|-----------------|-----------------------|------------|-----------|----------|--|
| | விஷயங்களை உங்களால் சமாளிக்க முடியாதென எண்ணுகிறீர்களா | இல்லை | இல்லை | இல்லை | | | |
| 7. | வாழ்க்கையில் ஏற்படும் எரிச்சலான விஷயங்களை உங்களால் கட்டுக்குள் கொண்டுவர முடிகிறதா | எப்போதும் இல்லை | பெரும்பான்மையாக இல்லை | எப்போதாவது | எப்போதும் | அடிக்கடி | |
| 8. | உங்களுக்கு சுமையான விஷயங்கள் இருப்பதாக எண்ணுகிறீர்களா | எப்போதும் இல்லை | பெரும்பான்மையாக இல்லை | எப்போதாவது | எப்போதும் | அடிக்கடி | |
| 9. | உங்களால் கட்டுக்குள் கொண்டுவர முடியாத விஷயங்கள் நடக்கும் போது கோவப்படுகிறீர்களா | எப்போதும் இல்லை | பெரும்பான்மையாக இல்லை | எப்போதாவது | எப்போதும் | அடிக்கடி | |
| 10. | உங்களுக்கு சிரமங்கள் நிறைய இருப்பதால் அவற்றை கையாளும் திறன் உங்களிடம் இல்லை என எண்ணுகிறீர்களா | எப்போதும் இல்லை | பெரும்பான்மையாக இல்லை | எப்போதாவது | எப்போதும் | அடிக்கடி | |

குடும்ப விவரங்கள் பற்றி அறிய உதவும் படிவம்

கீழ்க்காணும் கேள்விகளைப் படித்து சரியான விடையை தேர்ந்தெடுக்கவவும். தங்களின் பதில் வெளிப்படையாக இருப்பது நல்லது.

1. குழந்தையின் வயது

- i. 6-7 வயது
- ii. 7-8 வயது
- iii. 8-10 வயது
- iv. 10-12 வயது

2. குழந்தையின் பாலினம்

- i. ஆண்
- ii. பெண்

3. குழந்தையின் பாதுகாவலர்

- i. தாய்
- ii. தந்தை
- iii. தாத்தா/பாட்டி
- iv. மற்றவர்

4.பிறப்பு வரிசை

- I. முதலாவது
- II. இரண்டாவது
- III. மூன்றாவது
- IV. நான்காவது

5. தந்தையின் கல்வி

- i. படிக்கவில்லை
- ii. ஆரம்ப கல்வி
- iii. உயர் நிலைக்கல்வி
- iv. பட்டதாரி

6.தாயின் கல்வி

- i. படிக்கவில்லை
- ii. ஆரம்ப கல்வி
- iii. உயர் நிலைக்கல்வி

7.குடும்பத்தின் மாத வருமானம்

- i. ரூ.2000-4000
- ii. ரூ.4,000-6000
- iii. ரூ.6000-8000
- iv. ரூ.8000-10,000

8.குடும்பத்தின் வகை

- i. தனிக்குடும்பம்
- ii. கூட்டுக்குடும்பம்
- iii. விரிந்த குடும்பம்
- iv. பிரிந்தகுடும்பம்

9.வசிக்குமிடம்

- i. மாநகரம்
- ii. நகரம்
- iii. கிராமம்
- iv. மலைவாழ்

10.குழந்தையின் பொழுதுபோக்கு

- i. புத்தகம் படித்தல்
- ii. நண்பர்களுடன் விளையாடுதல்
- iii. தொலைக்காட்சி பார்த்தல்
- iv. மற்றவை

CERTIFICATE OF ENGLISH EDITING

This is to certify that the study conducted by Ms. J.Saraswathi, II year M.Sc Nursing , College of nursing, Madras Medical College, on the topic **“A study to assess the effectiveness of video teaching program regarding management of type 1 diabetes mellitus among the care givers of diabetes children in diabetic OPD at Institute of Child Health, Egmore, Chennai-8.”** has been edited by me for English language appropriateness.

Signature: V. Kamatchi

Name: V. KAMATCHI

Designation: LECTURER

Place: CUDDALORE- 607003

Seal: Sri Saraswathi Vidhyaalaya
Matriculation Hr. Sec. School
MALUMIYARPETTAI
CUDDALORE PORT- 607 003.

Ref No :- 309 , MMC , CON , Ch-3 | Dt on 25/7/13

From

Ms.L.Indra,
M.Sc(Nursing) II year,
College of Nursing,
Madras Medical College,
Chennai-3.

To

The Professor & HOD of Orthopedic department,
Institute of Child Health and Hospital for Children,
Egmore,
Chennai-8.

Through Proper Channel,

Respected Sir,

Sub: Requesting Permission to conduct a research study-regarding

I, Ms.L.Indra, studying M.Sc.Nursing II year ,College of nursing, Madras Medical college, kindly request you to grant me permission to conduct study for the proposed topic "A study to assess the effectiveness of Bibliotherapy on stress among hospitalized children from 6- 12 years in orthopaedic department , at Institute of Child Health, Egmore, Chennai-8." to fulfill the requirement of data collection. I assure you that it will not interfere with routine activities of the study settings.

Thanking you,

Date:

Place: *chennai*

Yours obediently,

L. Indra

(Ms.L.Indra)

Noted
Singh
29/7/13

INSTITUTIONAL ETHICS COMMITTEE
MADRAS MEDICAL COLLEGE, CHENNAI -3

EC RegNo.ECR/270/Inst./TN/2013

Telephone No : 044 25305301

Fax : 044 25363970

CERTIFICATE OF APPROVAL

To

L.Indra,

M.Sc.,(N) II year,

College of Nursing,

Madras Medical College, Chennai-3.

Dear Indra

The Institutional Ethics committee of Madras Medical College, reviewed and discussed your application for approval of the proposal entitled "A study to assess the effectiveness of Bibliotherapy on stress among hospitalized children from 6-12 years in orthopaedics department, at Institute of Child Health, Egmore , Chennai-8." No.11072013.

The following members of Ethics Committee were present in the meeting held on 06.07.2013 conducted at Madras Medical College, Chennai -3.

- | | |
|---|---------------------|
| 1. Dr.G.SivaKumar, MS FICS FAIS | --- Chairperson |
| 2. Prof. R. Nandhini MD | -- Member Secretary |
| Director, Instt. of Pharmacology ,MMC, Ch-3 | |
| 3. Prof. Shyamraj MD | -- Member |
| Director i/c , Instt. of Biochemistry , MMC, Ch-3 | |
| 4. Prof. P. Karkuzhali. MD | -- Member |
| Prof., Instt. of Pathology, MMC, Ch-3 | |
| 5. Prof. Kalai Selvi | -- Member |
| Prof of Pharmacology, MMC, Ch-3 | |
| 6. Prof. Siva Subramanian, | -- Member |
| Director, Instt. of Internal Medicine, MMC, Ch-3 | |
| 7. Thiru. S. Govindsamy. BABL | -- Lawyer |
| 8. Tmt. Arnold Saulina MA MSW | -- Social Scientist |

We approve the proposal to be conducted in its presented form.

Sd/ Chairman & Other Members

The Institutional Ethics Committee expects to be informed about the progress of the study, and SAE occurring in the course of the study, any changes in the protocol and patients information / informed consent and asks to be provided a copy of the final report.

R Nandini

Member Secretary, Ethics Committee

Dr. No: 292/ CON. HNC. Ch. 3/ dt. 16/7/13

From

Ms.L.Indra,
M.Sc(Nursing) II year,
College of Nursing,
Madras Medical College,
Chennai-3.

To

The Director,
Institute of Child Health and Hospital for Children,
Egmore,
Chennai-8.

Through Proper Channel,

Respected Madam,

Sub: Requesting Permission to conduct a research study-regarding

I, Ms.L.Indra, studying M.Sc.Nursing II year ,College of nursing, Madras Medical college, kindly request you to grant me permission to conduct study for the proposed topic "A study to assess the effectiveness of Bibliotherapy on stress among hospitalized children from 6- 12 years in orthopaedic department , at Institute of Child Health, Egmore, Chennai-8." to fulfill the requirement of data collection. I assure you that it will not interfere with routine activities of the study settings.

Thanking you,

Date: 16/7/13

Place: Chennai

Yours obediently,




(Ms.L.Indra)



CERTIFICATE OF CONTENT VALIDITY

This is to certify that a tool prepared by Ms.L.Indra, M.Sc. Nursing, II year of College of Nursing, Madras Medical College, undertaking a research study on "A study to assess the effectiveness of bibliotherapy on stress among hospitalized children from 6-12 year in orthopedic department, at Institute of Child Health, Egmore, Chennai – 8", has been validated by me and is found to be valid and up to date and she can proceed with this tool to conduct the main study.

Signature : 

Name : ZEALOUS MARY.C

Designation : READER

Date : 16.08.13

Place :

Seal :



EVALUATION CHECKLIST FOR THE VALIDATION OF TOOL

Name of the expert:

Designation:

Name of the Institute:

Kindly go through the tool and give your valuable opinion in the criteria table. If the tool is not meeting the criteria, please give your valuable suggestions in the remarks column.

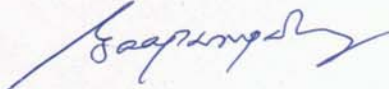
| S.No | CRITERIA | MODIFICATIONS | SUGGESTIONS |
|------|-------------------------------|---------------|-------------|
| 1. | Demographic variable proforma | | |
| 2. | Perceived stress scale | | |



Signature of the expert

CERTIFICATE OF CONTENT VALIDITY

This is to certify that a tool prepared by Ms.L.Indra, M.Sc. Nursing, II year of College of Nursing, Madras Medical College, undertaking a research study on "A study to assess the effectiveness of bibliotherapy on stress among hospitalized children from 6-12 year in orthopedic department, at Institute of Child Health, Egmore, Chennai – 8", has been validated by me and is found to be valid and up to date and she can proceed with this tool to conduct the main study.

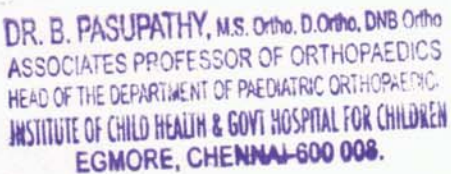
Signature : 

Name : DR. B. PASUPATHY

Designation : PROFESSOR & HOD

Date : 4/9/13

Place : ICH&HC, EGMORE CHENNAI

Seal : 
DR. B. PASUPATHY, M.S. Ortho, D.Ortho, DNB Ortho
ASSOCIATES PROFESSOR OF ORTHOPAEDICS
HEAD OF THE DEPARTMENT OF PAEDIATRIC ORTHOPAEDIC
INSTITUTE OF CHILD HEALTH & GOVT HOSPITAL FOR CHILDREN
EGMORE, CHENNAI-600 008.

EVALUATION CHECKLIST FOR THE VALIDATION OF TOOL


Name of the expert:

Designation:

Name of the Institute:

Kindly go through the tool and give your valuable opinion in the criteria table. If the tool is not meeting the criteria, please give your valuable suggestions in the remarks column.

| S.No | CRITERIA | MODIFICATIONS | SUGGESTIONS |
|------|-------------------------------|---------------|------------------|
| 1. | Demographic variable proforma | | Suggestion given |
| 2. | Perceived stress scale | | Suggestion given |


Signature of the expert

DR. B. PASUPATHY, M.S. Ortho, D.Ortho, DNB Ortho
ASSOCIATES PROFESSOR OF ORTHOPAEDICS
HEAD OF THE DEPARTMENT OF PAEDIATRIC ORTHOPAEDIC
INSTITUTE OF CHILD HEALTH & GOVT HOSPITAL FOR CHILDREN
EGMORE, CHENNAI-600 008.

சுய ஒப்புதல் படிவம்

ஆராய்ச்சியின் தலைப்பு

“குறுங்கதைகள் படிப்பது மற்றும் கேட்பதன் மூலம் நீண்ட நாட்களாக எலும்பு முறிவு பகுதியில் சிகிச்சை பெறும் குழந்தைகளின் மன அழுத்தம் குறைகிறதா என்பதைப்பற்றிய ஆராய்ச்சி மேற்கொள்ளப்படுகிறது”

| | |
|---------|--------------------------|
| பெயர் : | தேதி : |
| வயது : | உள் நோயாளி எண் : |
| பால் : | ஆராய்ச்சி சேர்க்கை எண் : |

இந்த ஆராய்ச்சியின் விவரங்களும் அதன் நோக்கமும் முழுமையாக எனக்கு தெளிவாக விளக்கப்பட்டது.

எனக்கு விளக்கப்பட்ட விஷயங்களை புரிந்துகொண்டு நான் எனது சம்மதத்தை தெரிவிக்கிறேன்.

இந்த ஆராய்ச்சியில் பிறரின் நிர்பந்தமின்றி என் சொந்த விருப்பத்தின்பேரில் நான் பங்கு பெறுகின்றேன். இந்த ஆராய்ச்சியில் இருந்து நான் எந்நேரமும் பின் வாங்கலாம் என்பதையும் அதனால் எந்த பாதிப்பும் ஏற்படாது என்பதையும் நான் புரிந்துகொண்டேன்.

இந்த ஆராய்ச்சியினால் ஏற்படும் நன்மைகளை பற்றி தெளிவாக ஆராய்ச்சியாளர் மூலம் தெரிந்துகொண்டேன்.

நான் என்னுடைய சுய நினைவுடனும் மற்றும் முழு சுதந்திரத்துடனும் இந்த மருத்துவ ஆராய்ச்சியில் நான் மற்றும் எனது குழந்தையை சேர்த்துக்கொள்ள சம்மதிக்கிறேன்.

ஆராய்ச்சியாளர் கையொப்பம்

பங்கேற்பாளர் கையொப்பம்/

பெற்றோர் கையொப்பம்

நாள் :

இடம் :

ஆராய்ச்சி தகவல் தாள்

பங்கேற்பாளர் பெயர் :

ஆராய்ச்சியாளர் பெயர் : லோ.இந்திரா

ஆராய்ச்சி தலைப்பு : குறுங்கதைகள் படிப்பது மற்றும் கேட்பதன் மூலம் நீண்ட நாட்களாக எலும்பு முறிவு பகுதியில் சிகிச்சை பெறும் குழந்தைகளின் மன அழுத்தம் குறைகிறதா என்பதைப்பற்றிய ஆராய்ச்சி மேற்கொள்ளப்படுகிறது

இந்த ஆய்வு சென்னை அரசு குழந்தைகள் நல மருத்துவமனையின் புறநோயாளிகள் மற்றும் உள்நோயாளிகள் பிரிவில் மேற்கொள்ளப்பட உள்ளது.

நீங்கள் இந்த ஆய்வில் பங்கேற்க அழைக்கிறோம். நீங்கள் இந்த ஆய்வில் பங்கேற்கலாமா அல்லது வேண்டாமா? என்பதை முடிவு செய்ய இந்த ஆவணத்தில் உள்ள தகவல் உதவியாக இருக்கும். உங்களுக்கு ஏதேனும் சந்தேகம் இருந்தால் நீங்கள் எங்களிடம் வெளிப்படையாக கேட்கலாம்.

எங்களுடைய அடிப்படை தகுதிகளில் நீங்கள் திருப்தியாக இருப்பதால் உங்களை இந்த ஆய்வில் பங்கேற்க அழைக்கிறோம்.

ஆய்வின் நோக்கம் மற்றும் செயல்பாடு

குறுங்கதைகள் படிப்பது மற்றும் கேட்பதன் மூலம் நீண்ட நாட்களாக எலும்பு முறிவு பகுதியில் சிகிச்சை பெறும் குழந்தைகளின் மன அழுத்தம் குறைகிறதா என்பதைப்பற்றிய ஆராய்ச்சி மேற்கொள்ளப்படுகிறது.

இந்த ஆய்வில் உங்கள் பெயர், வயது, ஆண்டு வருமானம், கல்வித்தகுதி ஆகிய தகவல்களை பெற்றுக்கொள்வோம்.

சில தகவல்கள் உங்களிடம் பெறப்படும்.

உங்களுக்கு உங்களுடைய மருத்துவத் தகவலை இரகசியமாக வைக்க உரிமை உண்டு. நீங்கள் இந்த ஆய்வில் கையொப்பமிடுவதால் நீங்கள் உங்களுடைய தகவலை ஆய்வுக்குழு மற்றும் நிறுவனத்திடம் காட்ட வேண்டும். இந்த ஆராய்ச்சியின் தகவல்கள் விஞ்ஞான இதழ்கள் மற்றும் விஞ்ஞான கூடத்தில் வெளியிடப்படலாம் உங்களுடைய அடையாளங்கள் காட்டப்படமாட்டாது.

ஆராய்ச்சியாளர் கையொப்பம்

பங்கேற்பாளர் /பாதுகாவலர்/

பெற்றோர் கையொப்பம்/

தேதி:

தேதி: